
Wisconsin Home Health Agencies and Patients

2001

April 2003

*Bureau of Health Information
Division of Health Care Financing
Wisconsin Department of Health and Family Services*

Foreword

This report presents selected statistics on Wisconsin-licensed home health agencies and their patients for 2001.

The source of data for most of the information in this report is the 2001 Annual Survey of Home Health Agencies. This survey is conducted annually by the Wisconsin Department of Health and Family Services, Division of Health Care Financing, Bureau of Health Information, in cooperation with the Division of Health Care Financing, Bureau of Fee-for-Service Health Care Benefits; the Division of Supportive Living, Bureau of Quality Assurance; and Wisconsin-licensed home health agencies.

The Bureau of Health Information would like to acknowledge and thank the personnel of Wisconsin home health agencies who provided information on their agencies and the patients they serve.

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Contents

Foreword	i
Introduction	1
Key Findings	3
Characteristics of Home Health Agencies	
Table 1. Home Health Agencies, Patients and Visits by Ownership Type, 1994-2001	5
Table 2. Home Health Agencies Certified to Provide Medicare, Medicaid, Personal Care, Hospice, and Health Check (EPSDT) Services; and Agencies that are a Department of or Affiliated with a Hospital, 1994-2001	6
Table 3. Full-time Equivalent Employees (FTEs) of Home Health Agencies by Ownership Type, December 2001	7
Figure 1. Full-time Staff Employed by Home Health Agencies, 1994-2001	8
Figure 2. Part-time Staff Employed by Home Health Agencies, 1994-2001	8
Characteristics of Home Health Patients	
Figure 3. Home Health Patients by Age	9
Figure 4. Home Health Patients Under Age 55 and Age 85 and Older, 1994-2001	9
Table 4. Primary Diagnosis of Home Health Patients by Age	10
Map Home Health Utilization Rate by County of Residence	11
Table 5. Home Health Utilization Rate by County of Residence	12
Table 6. Number, Percent and Utilization Rate of Home Health Patients by Age and Sex	13
Table 7. Home Health Agencies and Patients in Selected Wisconsin Counties	14
Figure 5. Home Health Admissions from Private Residences, Hospitals, and Nursing Homes, 1994-2001	15
Figure 6. Home Health Discharges to Private Residences, Hospitals, and Nursing Homes, 1994-2001	15
Table 8. Home Health Patient Need for Help with Selected Activities of Daily Living (ADLs) by Age	16

Table 9.	Home Health Patient Need for Help with Selected Instrumental Activities of Daily Living (IADLs) by Age	17
Table 10.	Home Health Patient Frequency of Assistance from Primary Caregiver by Age	18
Table 11.	Race/Ethnicity of Home Health Patients by Age	19
Table 12.	“Length of Stay” of Home Health Patients by Age	19
Table 13.	Pay Source of Home Health Patients by Age.....	20

Home Health Services

Table 14.	Services Provided to Home Health Patients.....	21
Table 15.	Home Health Agencies Providing Other Home-Based Services, 1999-2001	22
Table 16.	Home Health on a Typical Day: Patient Conditions, Services, and Activities, Wisconsin, December 6, 2001	23
Figure 7.	Average Number of Hours Per Home Health Visit, 1994-2001	24
Figure 8.	Average Number of Visits Per Home Health Patient, 1994-2001	24

Home Health Agency Financial Information

Table 17.	Home Health Agency Revenue by Ownership Type	25
Figure 9.	Net Agency Revenue by Ownership Type	26
Table 18.	Self-Reported Agency Revenue and Expenses by Ownership Type	26
Figure 10.	Home Health Patients by Payment Source.....	27
Figure 11.	Home Health Patients Using Medicare as a Source of Payment by Ownership Type, 1994-2001	28
Figure 12.	Home Health Patients Using Medicaid as a Source of Payment by Ownership Type, 1994-2001	28
Table 19.	Medicare Payments to Home Health Agencies by Ownership Type	29
Table 20.	Medicaid Payments to Home Health Agencies and Other Home Care Providers as Reported by the Wisconsin Division of Health Care Financing.....	29

Technical Notes	31
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Survey Instrument	33
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Introduction

The source of all agency-based data and most of the patient-based data for this report is the Annual Survey of Home Health Agencies, conducted by the Wisconsin Department of Health and Family Services. This survey collects information from agencies that provide both home health care and personal care, as well as those that provide home health care only. **It does not collect information from agencies that provide personal care only.**

In general, *home health care services* may include the following services in accordance with the patient's plan of care: skilled nursing, respiratory care, home health aide, personal care, medication management, medical social services, and physical, occupational, and speech and language therapies. Home health agencies may also provide durable medical equipment and durable medical supplies. *Personal care services* assist an individual with activities of daily living necessary to maintain the individual in his or her place of residence in the community. Personal care may include assistance with bathing, transferring, personal hygiene, changing bedding and clothing, toileting, meal preparation, and light housekeeping.

In 1997, nine Wisconsin home health agencies surrendered their licenses due to either closure or merger with other agencies. In 1998, 21 agencies closed or merged. In 1999, the number of home health agencies declined by 15 (19 agencies closed or merged and four agencies opened). In 2000, there was a net decline of two agencies. In 2001, six home health agencies closed and one opened. Over the period 1997-2001, the total number of home health agencies in Wisconsin declined 21 percent, with governmental agencies declining 24 percent, nonprofit agencies 15 percent, and proprietary agencies 28 percent.

These declines in the number of home health agencies also occurred nationally, and came after the federal government made changes in the levels of reimbursement for home health services in 1997. The federal Balanced Budget Act (October 1997) reduced Medicare reimbursements for home health care to 1994 levels. In addition, it required the Centers for Medicare and Medicaid Services (then called the Health Care Financing Administration) to replace Medicare's cost-based, per-visit payment method with a prospective payment system (PPS). The PPS was implemented on October 1, 2000, and incorporates payment rates based on the national average cost of providing care in 1997, adjusted downward to reflect projected utilization in 2001.

Under the PPS, home health agencies receive a single payment for all items and services furnished during each 60-day episode of care for a Medicare beneficiary, regardless of the services actually delivered during the period. There is no limit on the number of episodes a beneficiary may have. The base payment is adjusted to reflect patient characteristics that have been shown to affect service use; payments for patients expected to use the most services in an episode will be over five times the payment for patients expected to use the fewest services. Each episode payment is also adjusted for differences in labor costs across geographic areas. Medicare makes outlier payments for certain extremely high-cost episodes of care.

The General Accounting Office, an arm of the U.S. Congress, found that the introduction of Medicare's PPS, while encouraging efficiency, also provides incentives for home health agencies to decrease services in order to increase net revenues. Because the payment for a particular patient's care is divorced from the agency's cost of delivering that care, an agency that delivers care for less than the payment amount can profit; conversely, an agency will lose financially if its service costs are higher than the payment (GAO-02-663, May 6, 2002).

The 2001 survey population consisted of 150 home health agencies. The Bureau of Quality Assurance (BQA) sent the survey form to all licensed home health agencies in April 2002 as part of the annual

reporting requirements. Only agencies that were still in operation in April 2002 were mailed the 2001 survey. Agencies in operation in 2001 that did not complete the survey consisted of agencies that closed before April 2002, and agencies that were still operating in April 2002 but closed within several months and did not return the survey. Because agencies that closed in 2001 did not contribute data to this survey, the survey findings understate actual home health activity in 2001.

The information in this report is for calendar year 2001, with the following exceptions:

- Home health agency staffing information (Table 3, Figures 1 and 2) presents the number of employees during the week of December 2 to December 8, 2001.
- The number of home health agency patients on a typical day (Table 16) is based on the number of patients served on December 6, 2001.
- The statewide financial information combines revenue and expenses of various fiscal years (12-month periods), nearly all of which ended in 2001. The effect of this variation on inter-agency comparison is not known.

This report includes six tables of patient-based data derived from the federal Home Health Care Outcome and Assessment Information Set (OASIS). (See Tables 8, 9, 10, 11, 12, and 13.)

Since October 1999, the federal Centers for Medicare and Medicaid Services has required the collection and reporting of OASIS data by home health agencies as a Condition of Participation in the Medicare and Medicaid programs. The purpose of OASIS is to improve the quality of home health care services through outcome measurement and performance improvement.

Home health agencies collect OASIS data as part of a comprehensive assessment of each patient used to develop the patient's plan of care, assess that care over the course of treatment, and improve the quality of care provided. OASIS includes information on medical conditions and patient history; medical, physical, mental and cognitive status; drug therapy; and other measures of mental and physical well-being. It also includes information on living arrangements and supportive assistance, and needs for assistance with instrumental activities of daily living (IADLs) and activities of daily living (ADLs).

OASIS data for 2001 were submitted by the 135 Medicare- and Medicaid-certified home health agencies in Wisconsin, down from 142 in 2000. The six OASIS-based tables in this report contain information for only 57 percent of all Wisconsin home health care patients in 2001: those who had either Medicare or Medicaid (or both) as a payment source and were at the skilled level of care. Nevertheless, the detailed data in these tables are an important source of information about home health patients in Wisconsin.

Key Findings

- One hundred fifty home health agencies completed the 2001 survey, representing an overall decline of five agencies (3 percent) from 2000. Three proprietary, two nonprofit, and one governmental agency closed or merged, and one nonprofit agency opened.
- In 2001, the total number of Wisconsin home health patients decreased 3 percent, following a 3 percent decline in 2000. The number of home health visits decreased 5 percent in 2001.
- During the week of December 2 to December 8, 2001, there were 4,605 full-time equivalent employees (FTEs) employed by Wisconsin home health agencies, a decline of 180 (4 percent) from the 4,785 FTEs reported in December 2000. From 2000 to 2001, the number of home health patients and home health visits decreased 3 percent and 5 percent, respectively.
- Between December 2000 and December 2001, the number of FTE RNs working in home health agencies decreased 10 percent. FTE LPNs in these agencies decreased 8 percent.
- The home health utilization rate (patients per 1,000 population) declined in 2001 for the fourth consecutive year. There were 12.9 patients per 1,000 total Wisconsin population in 2001, 13.4 in 2000, 14.1 in 1999, and 15.2 in 1998.
- Among males age 85 and older in Wisconsin, 145 of every 1,000 used home health services in 2001, down from 161 per 1,000 in 2000. The utilization rate for females aged 85 and older decreased for the fourth consecutive year, to 128 per 1,000.
- Home health admissions declined 8 percent in 2001 (to 63,497), after a 4 percent decline in 2000. Admissions from nursing homes decreased 1 percent, admissions from hospitals were down 9 percent, and admissions from private residences declined 5 percent.
- Home health discharges decreased 9 percent in 2001 (to 62,839), after a 3 percent decline in 2000. Discharges to hospitals dropped 45 percent, and discharges to private residences decreased 4 percent. Discharges to nursing homes increased 12 percent.
- Out of 32,066 Medicare and/or Medicaid home health patients receiving skilled care in 2001, 17 percent were independent in bathing, 21 percent were independent in ambulating, 44 percent were independent in transferring, 76 percent were independent in toilet use, and 82 percent were independent in eating.
- The proportion of these home health patients who were independent in transferring decreased from 47 percent in 2000 to 44 percent in 2001.
- In 2001, only 2 percent to 7 percent of home health patients with Medicare or Medicaid and requiring skilled care were independent in shopping, housekeeping, laundry and transportation – four of the daily tasks called “Instrumental Activities of Daily Living (IADLs).”
- In 2001, more than half (51 percent) of Medicare and/or Medicaid home health patients receiving skilled care had a “length of stay” between 181 days and 365 days. Nine percent of these patients had been receiving home health service for one year or longer. “Length of stay” is the amount of time a patient has been receiving home health agency services during the current admission.

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- Ninety-three percent of Medicare home health patients receiving skilled care were over age 65, while only 28 percent of Medicaid patients were in this age group.
 - The number of patients who received private duty nursing services from home health agencies declined 36 percent in 2001 (from 853 patients in 2000 to 550 patients).
 - The number of home health patients on a “typical” day decreased from 7,243 in December 2000 to 6,742 in December 2001. This was a decline of 7 percent, following declines of 15 percent in 2000 and 17 percent in 1999.
 - In 2001, 52 percent of home health patients used Medicare as a payment source (56 percent in 2000); 13 percent used Medicaid (14 percent in 2000); 5 percent used Family Care (a Medicaid-funded benefit asked about for the first time in 2001); and 23 percent used private insurance (22 percent in 2000, and 21 percent in 1999).
 - Close to 41,000 home health patients used Medicare as a source of payment in 2001, a decline of 8 percent from 2000 (44,778).
 - About 10,600 home health patients used Medicaid in 2001, an 8 percent decline from 2000 (11,576), and a 20 percent decline from 1999 (13,300). The 2001 Medicaid number does not include patients using the Medicaid-funded Family Care benefit, available to eligible patients in five counties (see Technical Notes, page 32).
 - The average length of a home health visit in 2001 was 1.5 hours, a decline of over 8 percent from the 1.7 hours reported for the years 1996 through 2000. This change probably occurred in response to the start of Medicare’s prospective payment system (see Introduction, Page 1).
 - On average, proprietary agencies made 118 visits to each patient in 2001 (compared to 115 visits per patient in 2000). Average visits per patient were down 5 percent for nonprofit agencies (to 33 visits) and 7 percent for governmental agencies (to 39 visits).
 - Reported gross patient revenue of home health agencies statewide decreased 3 percent, from \$240.9 million in 2000 to \$234.4 million in 2001.
 - Gross revenue from Medicare declined for the fourth year in a row, constituting 40 percent of gross patient revenue in 2001 (compared with 55 percent in 1997), while gross revenue from Medicaid increased for the fourth consecutive year, constituting 41 percent (compared with 28 percent in 1997).
 - Total agency revenue statewide was \$199.4 million in 2001, up 3 percent from \$194.1 million in 2000.
 - In 2001, Medicare payments as reported by home health agencies statewide totaled about \$88.4 million, an increase of 3.5 percent from \$85.4 million in 2000. The number of home health patients using Medicare as a source of payment decreased 8 percent in 2001.
 - In State Fiscal Year 2001, Medicaid payments to home health agencies in Wisconsin (as reported by the Division of Health Care Financing) were approximately \$68.4 million. This represented an increase of \$0.97 million, or 1.4 percent, from 2000.

Table 1. Home Health Agencies, Patients and Visits by Ownership Type, Wisconsin 1994-2001

Number of Home Health Agencies				
Year	State Total	Ownership of Agency		
		Governmental	Nonprofit	Proprietary
1994	192	45	81	66
1995	184	44	81	59
1996	193	43	82	68
1997	191	41	81	69
1998	172	36	74	62
1999	157	32	73	52
2000	155	32	70	53
2001	150	31	69	50

Number of Home Health Patients				
Year	State Total	Ownership of Agency		
		Governmental	Nonprofit	Proprietary
1994	72,257	11,411	44,725	16,121
1995	77,783	10,716	51,126	15,941
1996	84,092	9,783	58,808	15,501
1997	86,866	9,123	61,796	15,947
1998	80,052	7,772	57,907	14,373
1999	74,600	6,369	57,808	10,423
2000	72,046	5,987	54,765	11,294
2001	69,929	5,310	53,473	11,146

Number of Home Health Visits				
Year	State Total	Ownership of Agency		
		Governmental	Nonprofit	Proprietary
1994	4,158,770	479,790	2,257,297	1,421,683
1995	4,349,960	486,783	2,563,909	1,299,268
1996	4,269,921	461,461	2,572,592	1,235,868
1997	4,650,803	444,117	2,624,169	1,582,517
1998	3,897,641	355,848	2,232,184	1,309,609
1999	3,634,574	266,537	2,061,098	1,306,939
2000	3,436,034	250,059	1,892,554	1,293,421
2001	3,274,139	205,186	1,758,153	1,310,800

Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- One hundred fifty home health agencies completed the 2001 survey, representing an overall decline of five agencies (3 percent) from 2000. Three proprietary, two nonprofit, and one governmental agency closed or merged, and one nonprofit agency opened.
- In 2001, the total number of Wisconsin home health patients decreased 3 percent, following a 3 percent decline in 2000. The number of patients served by governmental agencies dropped 11 percent and the number of patients served by nonprofit agencies declined 2 percent, while the number of patients served by proprietary agencies decreased more than 1 percent.
- The number of home health visits decreased 5 percent in 2001.

Table 2. Home Health Agencies Certified to Provide Medicare, Medicaid, Personal Care, Hospice, and HealthCheck (EPSDT) Services; and Agencies that are a Department of or Affiliated with a Hospital, Wisconsin 1994-2001

Year	Number of Agencies			
	Certified by Medicare	Certified by Medicaid	Certified by Medicaid to Provide Personal Care	Certified by Medicare and/or Medicaid to Provide Hospice Care
1994	182	182	150	35
1995	175	175	147	36
1996	184	184	149	43
1997	184	183	147	44
1998	164	167	130	42
1999	150	152	117	42
2000	142	146	112	42
2001	137	142	107	41

Year	Number of Agencies		
	Certified to Provide HealthCheck Services	A Department of a Hospital	Affiliated with a Hospital
1994	*	40	17
1995	*	40	17
1996	34	43	19
1997	33	43	20
1998	32	39	15
1999	30	39	15
2000	26	38	13
2001	26	39	12

Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: An asterisk (*) indicates the question was not included in that year's survey.

HealthCheck is Wisconsin Medicaid's federally required Early Periodic Screening, Diagnosis and Treatment program (EPSDT) for children up to age 21. The goal of HealthCheck is to promote early detection and treatment of health conditions before they require chronic and more expensive medical intervention.

HealthCheck includes routine comprehensive screenings, including vision and hearing; dental screening; appropriate immunizations; appropriate tests, including laboratory and lead poisoning screening; and necessary referrals for follow-up care.

- Between 1997 and 2001, the number of home health agencies certified to provide services declined at least 20 percent in four categories: Medicare (26%), Medicaid (22%), Medicaid personal care (27%), and HealthCheck services (21%).
- The number of home health agencies certified by Medicare and/or Medicaid to provide hospice services has been fairly stable since 1996.
- The number of home health agencies affiliated with a hospital decreased 40 percent between 1997 and 2001, from 20 to 12.

Table 3. Full-Time Equivalent Employees (FTEs) of Home Health Agencies by Ownership Type, Wisconsin, December 2001

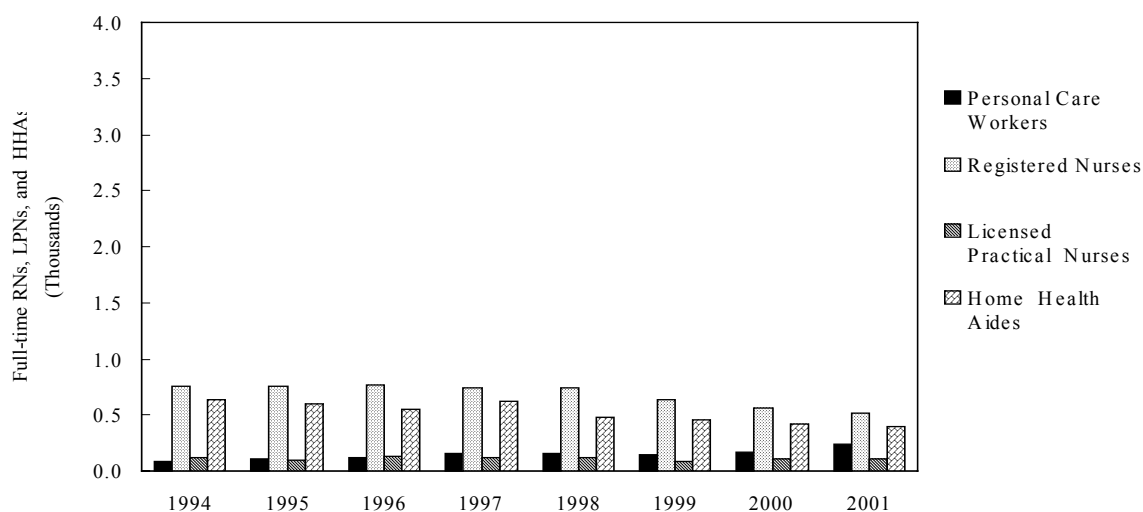
Employee Category	Statewide FTEs		Number of FTEs by Ownership of Agency		
	Number	Percent	Governmental	Non-Profit	Proprietary
Administrator	124		26	55	43
RN Supervisor	205		20	118	66
Subtotal	328	7%	46	173	109
Registered Nurse	1,014		120	710	185
Licensed Practical Nurse	202		5	90	107
Subtotal	1,216	26%	125	800	291
Home Health Aide	877	19%	60	529	288
Physical Therapist	135		4	114	16
Occupational Therapist	33		1	28	5
Speech Pathologist	11		0	10	1
Respiratory Therapist	21		0	21	0
Medical Social Worker	48		0	44	4
Subtotal	247	5%	5	216	25
Personal Care Worker	960		71	215	674
Homemaker	130		6	60	64
Other	847		73	595	179
Subtotal	1,937	43%	150	870	917
Total	4,605	100%	386	2,588	1,631

Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: This count of employees is from the week of December 2-8, 2001.
Percentages may not add to 100 percent due to rounding.

- During the week of December 2 to December 8, 2001, there were 4,605 full-time equivalent employees (FTEs) employed by Wisconsin home health agencies, a decline of 180 (4 percent) from the 4,785 FTEs reported in December 2000. From 2000 to 2001, the number of home health patients and home health visits decreased 3 percent and 5 percent, respectively.
- Between December 2000 and December 2001, the number of FTE home health aides employed by home health agencies declined 11 percent, following a 22 percent decrease between 1999 and 2000. The number of patients served by home health aides decreased 14 percent in 2001.
- There were 960 FTE personal care workers employed by Wisconsin home health agencies during the week of December 2 to December 8, 2001, a 5 percent decrease from December 2000. This decrease was accompanied by an 11 percent decrease in the number of patients receiving personal care services from home health agencies in 2001.
- Between December 2000 and December 2001, the number of FTE RNs working in home health agencies decreased 10 percent. FTE LPNs in these agencies decreased 8 percent.

Figure 1. Full-Time Staff Employed by Home Health Agencies, Wisconsin 1994-2001

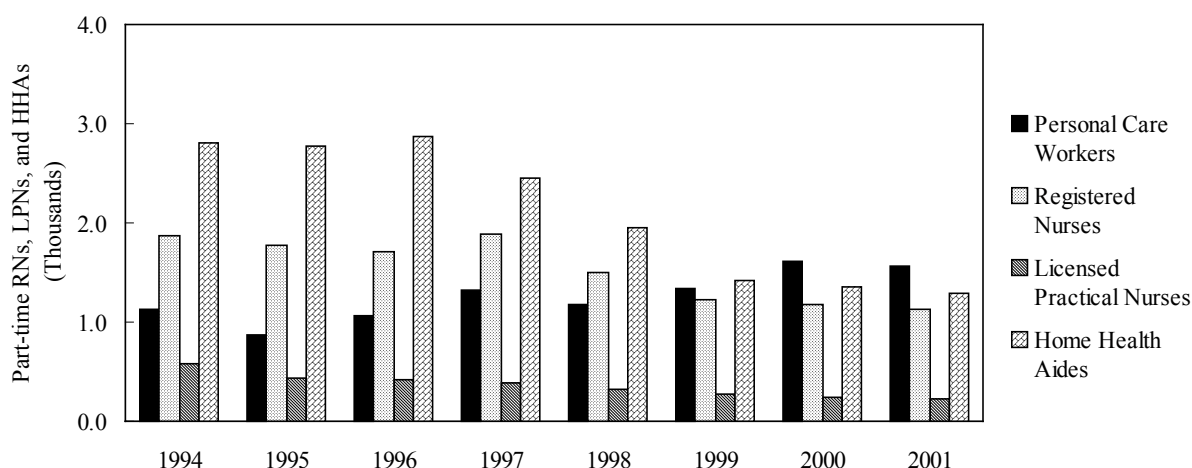


Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: The survey does not include agencies that provide only personal care, but does include agencies that provide both home health care and personal care.

- Between December 2000 and December 2001, the number of full-time RNs employed by home health agencies decreased 9 percent (from 568 to 518), the number of full-time home health aides decreased 8 percent (from 425 to 391), and the number of full-time LPNs remained unchanged. The number of full-time personal care workers was up 38 percent (from 170 to 234).

Figure 2. Part-Time Staff Employed by Home Health Agencies, Wisconsin, 1994-2001

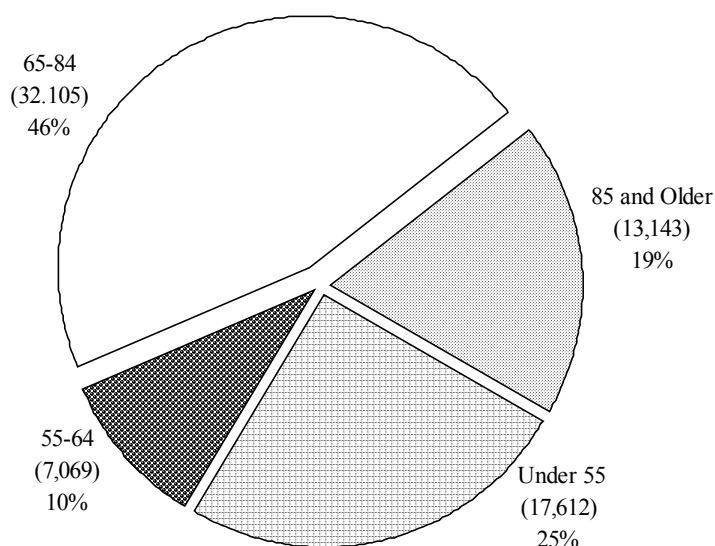


Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: The survey does not include agencies that provide only personal care, but does include agencies that provide both home health care and personal care.

- From December 2000 to December 2001, the number of part-time home health aides employed by home health agencies declined 6 percent (from 1,361 to 1,285), the number of part-time LPNs declined 8 percent (from 249 to 229), and the number of part-time RNs declined 5 percent (from 1,182 to 1,126). The number of part-time personal care workers decreased 3 percent (from 1,611 to 1,565), after a 36 percent increase in 2000.

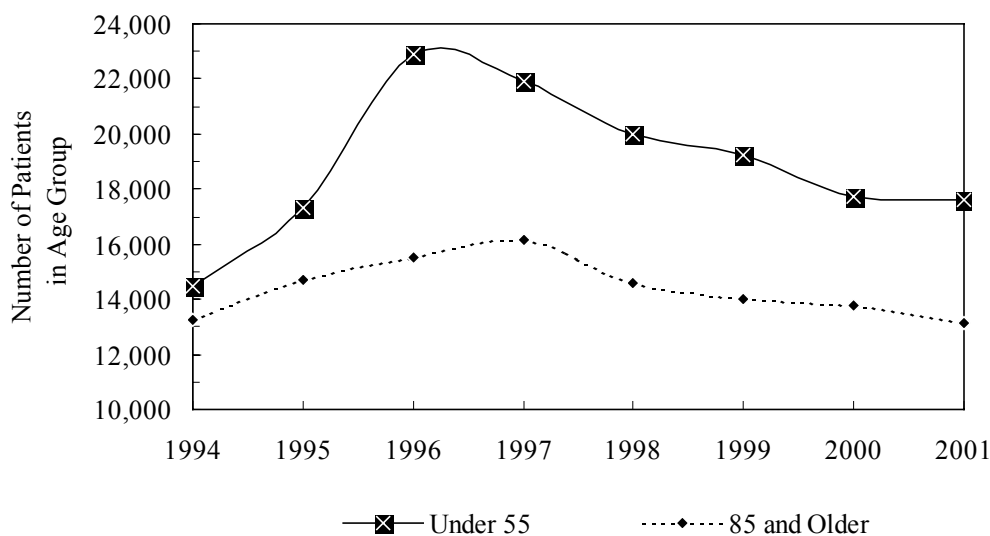
Figure 3. Home Health Patients by Age, Wisconsin 2001



Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- In 2001, 25 percent of Wisconsin home health patients were under age 55, 10 percent were aged 55-64, 46 percent were aged 65-84, and 19 percent were aged 85 and older. These proportions were the same as those for 2000.

Figure 4. Home Health Patients under Age 55 and Age 85 and Older, Wisconsin 1994-2001



Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- The number of home health patients aged 85 and older declined for the fourth consecutive year. Between 1997 and 2001, the number of patients 85 and older decreased 19 percent. The number of patients under 55 years of age declined 20 percent during the same period.

Table 4. Primary Diagnosis of Home Health Patients by Age, Wisconsin 2001

Primary Diagnosis	Number of Patients	Percent in Age Group					Percent Age 65+
		<55	55-64	65-74	75-84	85+	
Total	69,929	25%	10%	18%	28%	19%	64%
Cardiovascular Disease	10,773	8	9	19	37	27	84
Arthritis (Arthropathies, Dorsopathies & Rheumatism)	7,737	13	12	23	33	19	75
Cancer	5,774	21	16	25	28	10	63
Respiratory Diseases	4,191	16	9	20	35	21	76
Fractures, Dislocations & Sprains	4,167	18	8	16	32	26	74
Ill-Defined Conditions	3,863	18	7	14	31	30	75
Diabetes	3,268	18	14	23	31	14	68
Conditions Orig. in the Perinatal Period	3,081	99	0	0	0	0	0
Digestive Disorders	2,555	27	12	20	25	17	61
Stroke	2,439	7	8	21	40	24	85
Wounds, Burns & Other Injuries	2,372	31	11	16	24	18	58
Central Nervous System/Multiple Sclerosis	2,305	43	16	14	19	8	41
Genitourinary System	1,874	22	9	16	30	23	69
Complications of Surgery	1,864	38	17	20	19	6	45
Osteopathies	1,262	25	10	15	28	22	65
Psychoses & Neurotic Disorders	1,164	36	9	16	23	16	54
Paralysis & Cerebral Palsy	1,076	72	11	8	7	2	17
Blood Diseases	841	12	6	10	29	43	82
Pregnancy & Childbirth	760	100	0	0	0	0	0
Other Infectious & Parasitic Diseases	709	43	16	16	15	10	42
Congenital Anomalies	686	84	4	3	4	4	11
Dementia/Alzheimer's Disease	680	3	3	12	41	41	94
Mental Retardation	489	72	13	9	6	0	15
Dehydration	329	11	7	14	36	32	82
Eye, Ear Problems	244	26	7	10	28	29	67
Poisoning & Toxic Effects	98	34	10	20	28	8	56
HIV Infection	20	85	10	5	0	0	5
Other Conditions	5,308	28%	10%	16%	26%	20%	62%

Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

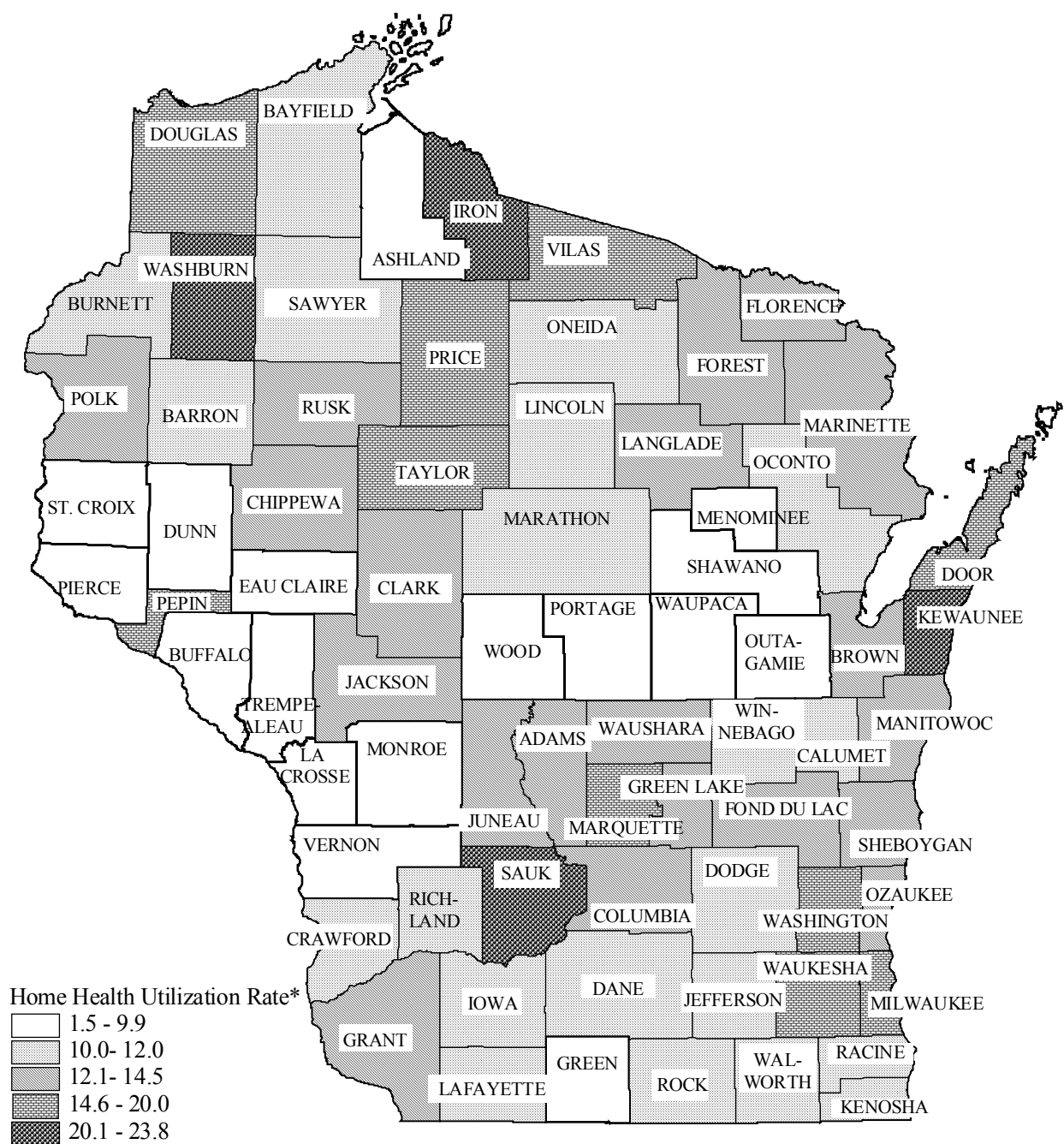
Notes: These numbers reflect unduplicated counts.

Primary diagnosis refers to grouped ICD-9 codes. See survey instrument for more details.

Total includes 1,636 home health patients whose age and/or primary diagnosis were not reported.

- Sixty-four percent of home health patients in Wisconsin were age 65 and over, compared to 65 percent in 2000.
- Patients age 65 and older made up 80 percent or more of patients with the following diagnoses: cardiovascular disease, stroke, blood diseases, dementia/Alzheimer's disease, and dehydration.
- Seventy-two percent of home health patients with paralysis or cerebral palsy were aged 55 or younger.

Map. Home Health Utilization Rate
by County of Residence, Wisconsin 2001



Statewide Rate: 12.9

*Number of home health patients per 1,000 estimated county population for 2001.

Wisconsin Division of Health Care Financing
Bureau of Health Information

Characteristics of Home Health Patients

Table 5. Home Health Utilization Rate (Patients per 1,000 Population) by County of Residence, Wisconsin 2001

County	Patients	Population	Rate per 1,000	County	Patients	Population	Rate per 1,000
State Total	69,929	5,420,340	12.9	Marathon	1,309	126,850	10.3
Adams	258	19,700	13.1	Marinette	619	43,620	14.2
Ashland	126	16,930	7.4	Marquette	224	15,340	14.6
Barron	471	45,500	10.4	Menominee	7	4,630	1.5
Bayfield	167	15,200	11.0	Milwaukee	16,825	937,260	18.0
Brown	3,127	230,000	13.6	Monroe	345	41,480	8.3
Buffalo	116	13,910	8.3	Oconto	368	36,500	10.1
Burnett	166	15,980	10.4	Oneida	424	37,140	11.4
Calumet	472	41,840	11.3	Outagamie	1,361	164,290	8.3
Chippewa	705	56,160	12.6	Ozaukee	1,188	83,500	14.2
Clark	418	33,940	12.3	Pepin	108	7,340	14.7
Columbia	768	53,360	14.4	Pierce	299	37,390	8.0
Crawford	181	17,210	10.5	Polk	526	42,300	12.4
Dane	5,089	434,580	11.7	Portage	304	67,580	4.5
Dodge	1,016	86,760	11.7	Price	279	15,770	17.7
Door	426	28,390	15.0	Racine	2,253	190,020	11.9
Douglas	641	43,610	14.7	Richland	212	18,110	11.7
Dunn	285	40,550	7.0	Rock	1,797	153,780	11.7
Eau Claire	908	94,070	9.7	Rusk	199	15,360	13.0
Florence	63	5,110	12.3	Saint Croix	468	66,160	7.1
Fond du Lac	1,426	98,200	14.5	Sauk	1,199	56,150	21.4
Forest	137	10,040	13.6	Sawyer	183	16,440	11.1
Grant	646	49,860	13.0	Shawano	347	41,080	8.4
Green	301	34,130	8.8	Sheboygan	1,439	113,630	12.7
Green Lake	255	19,240	13.3	Taylor	306	19,740	15.5
Iowa	261	23,120	11.3	Trempealeau	217	27,230	8.0
Iron	163	6,840	23.8	Vernon	211	28,410	7.4
Jackson	246	19,280	12.8	Vilas	334	21,450	15.6
Jefferson	763	75,850	10.1	Walworth	1,066	94,800	11.2
Juneau	326	24,740	13.2	Washburn	346	16,370	21.1
Kenosha	1,723	152,350	11.3	Washington	1,805	119,830	15.1
Kewaunee	463	20,380	22.7	Waukesha	5,438	366,710	14.8
La Crosse	735	108,000	6.8	Waupaca	283	52,230	5.4
Lafayette	184	16,200	11.4	Waushara	305	23,510	13.0
Langlade	281	20,890	13.5	Winnebago	1,613	157,840	10.2
Lincoln	337	29,900	11.3	Wood	707	75,690	9.3
Manitowoc	1,153	83,100	13.9				

Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: The rate is the number of patients per 1,000 population in each age group, based on 2001 population estimates. The total includes 212 out-of-state patients.

- The home health utilization rate (patients per 1,000 population) declined in 2001 for the fourth consecutive year. There were 12.9 patients per 1,000 total Wisconsin population in 2001, 13.4 in 2000, 14.1 in 1999, and 15.2 in 1998.
- Iron County had the highest home health utilization rate in the state in 2001, 23.8 patients per 1,000 residents. Kewaunee, Sauk and Washburn counties also had utilization rates of over 20 per 1,000 population. The utilization rate in Price County declined from 24.5 patients per 1,000 in 2000 to 17.7 patients per 1,000 in 2001.
- Among counties with a population of 100,000 or more, Milwaukee had the highest home health utilization rate in 2001, with 18 patients per 1,000 population, about the same as the 2000 rate. LaCrosse had the lowest utilization rate in 2001 among these larger counties, with only 6.8 patients per 1,000 population; this was down from 7.0 patients per 1,000 in 2000.

Table 6. Number, Percent and Utilization Rate of Home Health Patients by Age and Sex, Wisconsin 2001

Age	Total			Female			Male		
	Number	Percent	Rate	Number	Percent	Rate	Number	Percent	Rate
All Patients	69,929	100%	12.9	41,654	60%	15.2	28,275	40%	10.6
Under 55	17,612	25	4.1	9,241	13	4.4	8,314	12	3.9
55-64	7,069	10	15.3	3,859	6	16.3	3,144	4	13.9
65-74	12,349	18	34.4	7,072	10	36.7	5,147	7	31.0
75-84	19,756	28	77.7	12,102	17	78.9	7,393	11	73.2
85 or older	13,143	19	136.0	8,871	13	128.4	3,997	6	145.2
65 or older	45,248	65%	63.7	28,045	67%	67.5	16,537	58%	56.1

Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: The utilization rate is the number of patients per 1,000 population in each age group, based on 2000 US Census counts.

The totals included 188 female and 81 male patients whose age was not reported.

- In 2001, the home health utilization rate among Wisconsin females was 15.2 per 1,000 population, compared with 15.7 per 1,000 in 2000, and 16.6 per 1,000 in 1999. The 2001 rate for males was 10.6 per 1,000, compared with 11.2 per 1,000 in 2000, and 11.5 per 1,000 in 1999.
- Females had higher rates of home health utilization at every age except 85 and older.
- Of the 69,929 home health patients statewide in 2001, 40 percent (28,045) were females age 65 and older. About 24 percent (16,537) were males age 65 and older.
- The home health utilization rate of Wisconsin females age 65 and older in 2001 was 68 per 1,000, down from 71 per 1,000 in 2000. The utilization rate for male age 65 and older decreased from 61 per 1,000 to 56 per 1,000.
- Among males age 85 and older in Wisconsin, 145 of every 1,000 used home health services in 2001, down from 161 per 1,000 in 2000. The utilization rate for females aged 85 and older decreased for the fourth consecutive year, to 128 per 1,000.

Table 7. Home Health Agencies and Patients in Selected Counties, Wisconsin 2001

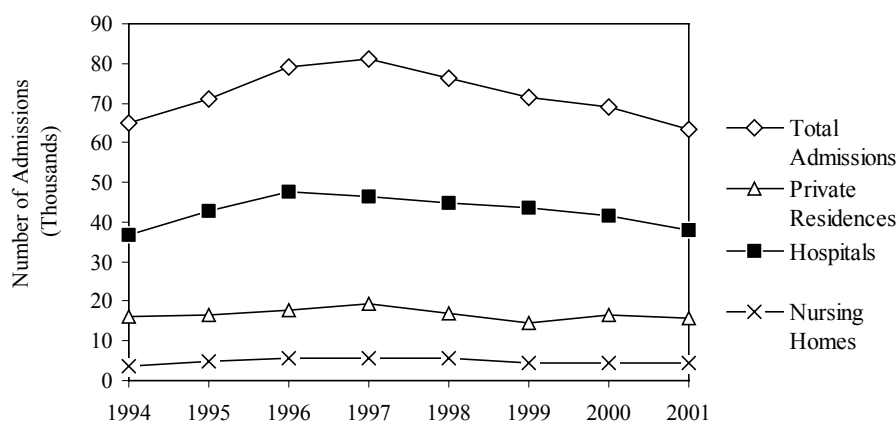
County of Agency	Agencies	Patients	Percent of Statewide Total Patients
All	150	69,929	100%
Milwaukee	18	26,390	38
Dane	7	6,793	10
Waukesha	6	4,385	6
Brown	7	3,922	6
Winnebago	5	3,602	5
Marathon	2	1,984	3
Rock	3	1,593	2
Wood	1	1,232	2
Fond du lac	2	1,138	2
LaCrosse	3	1,091	2
Eau Claire	3	1,042	2
Dodge	3	1,037	2
Chippewa	2	958	1
Oneida	2	863	1
Kenosha	2	832	1
Grant	2	619	1
Out-of-State Agencies	17	1,098	2

Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: Patient counts in this table reflect the number of patients served by agencies located in that county (not patient county of residence). Counties whose home health agencies served less than 1 percent of total Wisconsin home health patients were excluded from this table. (Percent column will therefore not add to 100.)

- In 2001, 65 percent of Wisconsin home health patients were served by agencies located in five counties (Milwaukee, Dane, Waukesha, Winnebago and Brown), even though these five counties had 39 percent of the state population.
- The 25 home health agencies in Milwaukee and Dane counties served 47 percent of the state's home health patients. These two counties had 25 percent of the total Wisconsin population in 2001.
- Twenty-three agencies in five other counties (Waukesha, Winnebago, Brown, Marathon and Rock) served 22 percent of total home health patients.

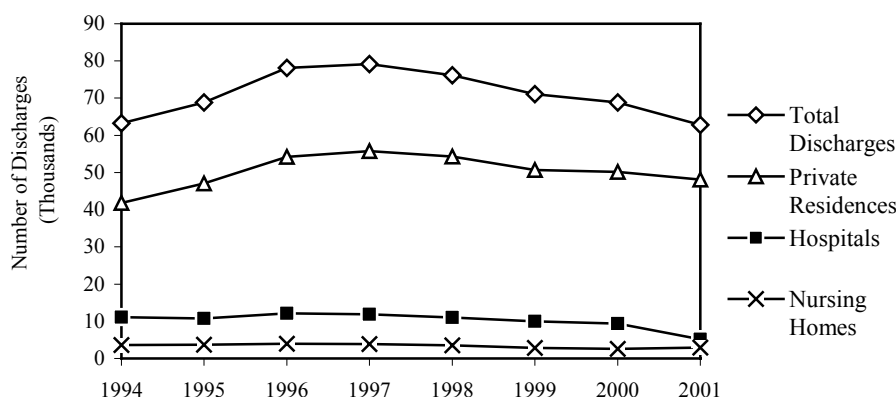
Figure 5. Home Health Admissions from Private Residences, Hospitals, and Nursing Homes, Wisconsin 1994-2001



Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- Home health admissions declined 8 percent in 2001 (to 63,497), after a 4 percent decline in 2000. Admissions from nursing homes decreased 1 percent, admissions from hospitals were down 9 percent, and admissions from private residences declined 5 percent.

Figure 6. Home Health Discharges to Private Residences, Hospitals, and Nursing Homes, Wisconsin 1994-2001



Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- Home health discharges decreased 9 percent in 2001 (to 62,839), after a 3 percent decline in 2000. Discharges to hospitals dropped 45 percent, and discharges to private residences decreased 4 percent. Discharges to nursing homes increased 12 percent.

Characteristics of Home Health Patients

Table 8. Home Health Patient Need for Help with Selected Activities of Daily Living (ADLs) by Age (Based on Start of Care Assessments of Medicare and/or Medicaid Recipients Receiving Skilled Care), Wisconsin 2001

Activities of Daily Living (Current Condition)	Age					Total
	<55	55-64	65-74	75-84	85+	
Total Number	2,207	1,577	7,524	12,729	8,029	32,066
Ambulation/Locomotion						
Independent	38%	27%	27%	20%	12%	21%
Requires use of a device	36	50	56	63	67	60
Needs supervision/assistance	6	8	10	11	14	11
Chairfast (able to wheel self)	13	9	4	3	3	4
Chairfast (unable to wheel self)	7	5	2	3	4	3
Bedfast	1	1	<1	<1	1	1
Total Percent	100%	100%	100%	100%	100%	100%
Transferring						
Independent	55%	50%	48%	44%	36%	44%
Needs minimal assistance	30	38	45	49	54	48
Unable to transfer self	10	9	6	6	9	7
Bedfast	4	2	1	1	1	1
Total Percent	100%	100%	100%	100%	100%	100%
Toilet Use						
Independent	75%	78%	79%	78%	72%	76%
Needs assistance	10	12	14	16	19	16
Able to use bedside commode	3	5	4	4	4	4
Totally dependent	11	5	3	3	4	4
Total Percent	100%	100%	100%	100%	100%	100%
Bathing						
Independent	32%	25%	20%	15%	11%	17%
Requires devices	7	11	9	10	10	10
Needs assistance	31	37	41	45	49	43
Unable to use shower/tub	29	27	30	30	30	30
Total Percent	100%	100%	100%	100%	100%	100%
Eating						
Independent	79%	81%	84%	83%	79%	82%
Needs limited assistance	13	15	13	15	17	15
Must be assisted	5	2	1	2	3	2
Able to take in nutrients orally, and receives suppl. nutrients through tube or gastrostomy	1	<1	<1	<1	<1	<1
Unable to take in nutrients orally	2	2	1	1	1	1
Total Percent	100%	100%	100%	100%	100%	100%

Source: **Patient-based Home Health Care Outcome and Assessment Information Set (OASIS)**. See Technical Notes, p. 31.

Notes: "Current condition" means as of assessment date. ADLs are defined in the Technical Notes, Page 31.

The data for this table included only the latest Start of Care Assessment for each patient (see Technical Notes). ADL data were not reported on three patient records.

- Out of 32,066 Medicare and/or Medicaid home health patients receiving skilled care in 2001, 17 percent were independent in bathing, 21 percent were independent in ambulating, 44 percent were independent in transferring, 76 percent were independent in toilet use, and 82 percent were independent in eating.
- The proportion of these home health patients who were independent in transferring decreased from 47 percent in 2000 to 44 percent in 2001.
- Ten percent (3,174) of these home health patients were independent in all five of these Activities of Daily Living (not shown).

Table 9. Home Health Patient Need for Help with Selected Instrumental Activities of Daily Living (IADLs) by Age (Based on Start of Care Assessments of Medicare and/or Medicaid Recipients Receiving Skilled Care), Wisconsin 2001

Instrumental Activities of Daily Living (Current Condition)	Age					Total
	<55	55-64	65-74	75-84	85+	
Total Number	2,207	1,577	7,524	12,729	8,029	32,066
Shopping						
Independent	9%	4%	3%	2%	1%	2%
Needs help	27	22	15	14	12	15
Unable to go shopping but able to arrange home delivery	38	46	57	54	47	52
Needs someone to do all shopping and errands	26	28	25	30	39	31
Total percent	100%	100%	100%	100%	100%	100%
Housekeeping						
Independent	11%	7%	5%	4%	3%	5%
Able to do light housekeeping	32	33	32	32	28	31
Needs some assistance	6	7	6	6	6	6
Unable to do housekeeping tasks	52	54	57	59	63	59
Total percent	100%	100%	100%	100%	100%	100%
Laundry						
Independent	13%	9%	7%	6%	6%	7%
Able to do light laundry	29	30	29	27	23	27
Unable to do any laundry	58	61	64	67	71	66
Total percent	100%	100%	100%	100%	100%	100%
Transportation/Driving						
Independent	10%	5%	3%	2%	2%	3%
Able to ride in car/van/bus	88	93	95	96	96	95
Unable to ride, requires ambulance	2	2	2	2	2	2
Total percent	100%	100%	100%	100%	100%	100%

Source: **Patient-based Home Health Care Outcome and Assessment Information Set (OASIS)**. See Technical Notes, p. 31.

Notes: "Current condition" means as of assessment date. IADLs are defined in the Technical Notes.

The data for this table included only the latest Start of Care assessment for each patient (see Technical Notes).

IADL data were not reported on three patient records.

- In 2001, only 2 percent to 7 percent of home health patients with Medicare and/or Medicaid and requiring skilled care were independent in shopping, housekeeping, laundry and transportation – four of the daily tasks called "Instrumental Activities of Daily Living (IADLs)."
- Fifty-nine percent of these home health patients were unable to do any housekeeping tasks, and 66 percent were unable to do any laundry.
- Fifty-two percent of these home health patients were unable to go shopping alone, and 31 percent needed someone to do all the shopping.
- In general, the older the home health patients were, the more help they needed with IADLs.

Table 10. Home Health Patient Frequency of Assistance from Primary Caregiver by Age (Based on Start of Care Assessments of Medicare and/or Medicaid Recipients Receiving Skilled Care), Wisconsin 2001

Frequency of Assistance from Primary Caregiver	Total		Age Group				
	Number	Percent	< 55	55-64	65-74	75-84	85 +
No primary caregiver (other than agency staff)	6,630	21%	25%	25%	19%	21%	22%
Has a primary caregiver, and receives help:							
Several times during day and night	9,996	32%	32%	30%	34%	32%	32%
Several times during day	8,920	29	28	29	33	30	24
Once daily	1,868	6	6	5	5	6	7
Three or more times per week	2,050	7	5	7	5	7	8
1-2 times per week	1,181	4	3	4	3	4	6
Less often than weekly	311	1	1	1	1	1	1
Total	30,956	100%	100%	100%	100%	100%	100%

Source: **Patient-based Home Health Care Outcome and Assessment Information Set (OASIS)**. See Technical Notes, p. 31.

Notes: The data for this table included only the latest Start of Care Assessment for each patient (see Technical Notes).

The data on 1,113 patient records were unreported or unknown.

Percentages may not add to 100 percent due to rounding.

- Of home health patients in 2001 who had Medicare and/or Medicaid as a payment source and were receiving skilled care, 21 percent had no primary caregiver other than home health agency staff.
- Thirty-two percent received help from a primary caregiver (other than agency staff) several times during the day and night.
- An additional 29 percent of these home health patients received assistance from their caregiver several times during the day.
- Twelve percent of these home health patients had a primary caregiver but received that person's help less than once daily.

Table 11. Race/Ethnicity of Home Health Patients by Age (Based on All Types of Assessments of Medicare and/or Medicaid Recipients Receiving Skilled Care), Wisconsin 2001

Age	Black or Asian/Pacific African American Hispanic/ White Islander American Indian Latino					Total	
	White	Islander	American	Indian	Latino	Number	Percent
Less than 55	5%	13%	32%	27%	25%	2,221	7%
55-64	4	14	15	11	17	1,579	5
65-74	23	28	25	31	24	7,534	23
75-84	41	31	20	18	25	12,726	40
85 and over	26	15	7	12	9	8,031	25
Total Percent	100%	100%	100%	100%	100%		100%
65 and over	91%	73%	53%	62%	58%	28,291	88%
Total Number	29,741	192	1,695	163	300	32,091	
Percent of Total	93%	1%	5%	1%	1%	100%	

Source: **Patient-based Home Health Care Outcome and Assessment Information Set (OASIS)**. See Technical Notes, p. 31.

Notes: The data for this table included all types of assessment (see Technical Notes).

The data on race/ethnicity were not reported on 7,543 patient records.

Percentages may not add to 100 percent due to rounding.

- Ninety-three percent of Medicare and/or Medicaid home health patients receiving skilled care were reported to be white, compared with 88 percent of all Wisconsin home health patients (not shown).
- Home health patients of minority race/ethnicity were generally younger than patients who were white.
- In 2001, 25 percent of Medicare and/or Medicaid home health patients receiving skilled care were age 85 and older, compared to 19 percent of all Wisconsin home health patients.

Table 12. “Length of Stay” of Home Health Patients by Age (Based on All Types of Assessments of Medicare and/or Medicaid Recipients Receiving Skilled Care), Wisconsin 2001

Length of Stay	Total		Age				
	Number	Percent	< 55	55-64	65-74	75-84	85 +
< 30 Days	2,589	7%	7%	6%	7%	7%	6%
31 - 90 Days	5,304	13	14	13	14	13	13
91 - 180 Days	7,861	20	21	20	20	20	19
181 - 365 Days	20,242	51	48	49	50	51	53
1+ Years	3,632	9	10	11	8	9	10
Total	39,628	100%	100%	100%	100%	100%	100%

Source: **Patient-based Home Health Care Outcome and Assessment Information Set (OASIS)**. See Technical Notes, p. 31.

Notes: The data for this table included all types of assessment (see Technical Notes). The data on length of stay were not reported on one patient record.

Percentages may not add to 100 percent due to rounding.

- In 2001, more than half (51 percent) of Medicare and/or Medicaid home health patients receiving skilled care had a “length of stay” between 181 days and 365 days. “Length of stay” is the amount of time a patient has been receiving home health agency services during the current admission.
- Nine percent of these patients had been receiving home health service for one year or longer.

Characteristics of Home Health Patients

Table 13. Pay Source of Home Health Patients by Age (Based on all Types of Assessments of Medicare and/or Medicaid Recipients Receiving Skilled Care), Wisconsin 2001

Age	Total			Female			Male		
	Medicare	Medicaid	Dual Entitlee	Medicare	Medicaid	Dual Entitlee	Medicare	Medicaid	Dual Entitlee
Number of Patients	35,243	3,628	757	21,758	2,383	528	13,485	1,245	229
Percent									
Under 55	3%	52%	21%	2%	48%	17%	4%	59%	30%
55-64	4	21	12	3	21	12	4	19	13
65-74	24	10	23	22	10	22	28	10	26
75-84	42	10	26	42	12	28	42	8	21
85 or older	27	7	17	30	9	21	22	3	9
Total Percent	100%	100%	100%	100%	100%	100%	100%	100%	100%
65+ (Number)	32,921	1,017	503	20,517	744	373	12,404	273	130
65+ (Percent)	93%	28%	66%	94%	31%	71%	92%	22%	57%

Source: **Patient-based Home Health Care Outcome and Assessment Information Set (OASIS)**. See Technical Notes, p. 31.

Notes: A dual entitlee is a person eligible for health care coverage under Medicaid *and* Medicare.

The data for this table included all types of assessment (see Technical Notes).

Percentages may not add to 100 percent due to rounding.

- Of 39,628 home health patients who received skilled care paid for by Medicare and/or Medicaid, 62 percent (24,669) were female and 38 percent (14,959) were male.
- Ninety-three percent of Medicare home health patients receiving skilled care were over age 65, while only 28 percent of Medicaid patients were in this age group.
- Overall, 87 percent of the Medicare and/or Medicaid home health patients receiving skilled care in 2001 were aged 65 and over, compared with 65 percent of all Wisconsin home health patients (see Table 6, Page 13).

Home Health Services

Table 14. Services Provided to Home Health Patients, Wisconsin 2001

	Statewide Total		Ownership of Agency		
	Number	Percent	Governmental	Nonprofit	Proprietary
Total Patients	69,929	100%	100%	100%	100%
Therapeutic Services					
Skilled Nursing	51,601	74	85	73	72
Home Health Aide Services	14,183	20	30	20	19
Physical Therapy	22,633	32	26	35	24
Speech Pathology	1,493	2	1	2	1
Occupational Therapy	7,367	11	7	11	11
Medical Social Service	5,033	7	<1	8	6
Respiratory Therapy	8	<1	0	0	<1
Private Duty Nursing	550	1	0	1	2
Other Home Health Care	281	<1	0	<1	2
Non-Therapeutic Services					
Personal Care Service	6,602	9	16	5	27
Personal Care RN Supervisory	5,759	8	14	4	26
Homemaker Service	1,472	2	2	2	4
Other Non-Therapeutic Care	298	<1	<1	<1	1

Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: Percents will add to more than 100 because each patient could receive more than one type of service.

- Among all home health patients in 2001, 74 percent received skilled nursing services (down from 75 percent in 2000, and 80 percent in 1999), 20 percent received home health aide services (down from 23 percent in 2000, and 25 percent in 1999), and 32 percent received physical therapy (up from 30 percent in 2000). In 1996, only 12 percent of home health patients received physical therapy.
- The number of patients who received private duty nursing services from home health agencies declined 36 percent in 2001 (from 853 patients in 2000 to 550 patients).
- Home health agencies provide fewer private duty nursing (PDN) and respiratory care services (RCS) than do nurses in independent practice, according to Wisconsin Medicaid Program data. While home health agencies claimed 34.6 percent of the PDN and RCS expenditures in 2001, nurses in independent practice claimed 65.4 percent (Federal Budget Monitoring Report HMDR703Q, Jan.-Dec. 2001).

Table 15. Home Health Agencies Providing Other Home-Based Services, Wisconsin 1999-2001

Agencies Providing Other Home-Based Services	1999 Agencies		2000 Agencies		2001 Agencies	
	Number	Percent	Number	Percent	Number	Percent
Total Home Health Agencies	157	100%	155	100%	150	100%
Share Cases with Other Agencies	86	55	79	51	84	56
Number of Cases Shared with Home Health Agencies	305		223		180	
Number of Cases Shared with Personal Care Agencies	299		368		446	
Number of Cases Shared with Independent Providers	303		319		346	
Provide Services at:						
Adult Family Homes	72	46%	79	51%	71	47%
Number of Patients on Dec. 31	255		288		241	
Adult Day Care Centers	13	8	13	8	13	9
Residential Care/Assisted Living Apts.	96	61	95	61	103	69
Community-Based Residential Facilities (CBRFs)	109	69	111	72	106	71
Number of Patients on Dec. 31	677		665		666	

Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: Percentages may not add to 100 percent due to rounding.

- Forty-seven percent of home health agencies provided services in adult family homes in 2001 (down from 51 percent in 2000), and 71 percent in Community-Based Residential Facilities (CBRFs).
- The number of home health agency cases shared with personal care agencies increased 21 percent in 2001, after increasing 23 percent in 2000.

Home Health Services

Table 16. Home Health on a Typical Day: Patient Conditions, Services, and Activities, Wisconsin, December 6, 2001

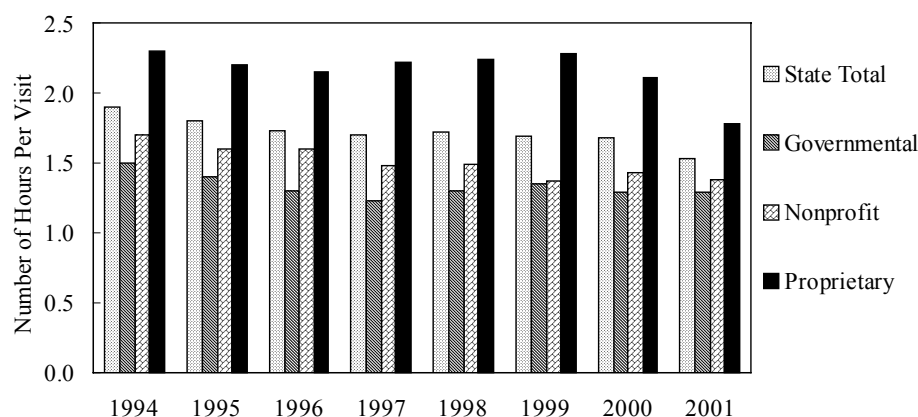
	Patients	Percent of Patients on This Day
Total Patients	6,742	100%
Sensory Difficulties		
Impaired Hearing	901	13
Impaired Vision	1,086	16
Psychological Problems		
Attempted Suicide	11	<1
Verbally Abusive	160	2
Physically Aggressive	137	2
Impaired Memory	1,325	20
Alcohol & Other Drug Abuse	67	1
Therapies		
Psychiatric Therapy	92	1
Occupational Therapy	303	4
Physical Therapy	844	13
Speech Therapy	78	1
Medical Social Services	209	3
Requires Help with Activities of Daily Living (ADLs)		
Dressing	4,059	60
Ambulation	2,784	41
Eating	1,763	26
Bathing	4,937	73
Toileting	2,797	41
Transferring	2,797	41
1-3 ADLs	3,166	47
4-6 ADLs	2,280	34
Nursing Actions related to:		
Tracheotomy	128	2
Wound Care (ulcers, burns, pressure sores, etc.)	1,060	16
Ostomy Care	276	4
Respiratory Care (Medicaid only)	82	1
Respiratory Care (except Medicaid)	122	2
Tube Feeding	251	4
Appliances	385	6
Pharm. Administration (excluding I.V.)	545	8
I.V. Administration	179	3
Medication Setup	806	12
Other Nursing Actions	1,315	20%

Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: The percentages shown in this table were based on a reported total of 6,742 patients on December 6, 2001. Percents will add to more than 100 because each patient may have had more than one condition, may have received more than one service, or may have had more than one ADL need.

- The number of home health patients on a “typical” day decreased from 7,243 in December 2000 to 6,742 in December 2001. This was a decline of 7 percent, following declines of 15 percent in 2000 and 17 percent in 1999.
- Forty-seven percent of all home health patients seen on a “typical” day in December 2001 required help with 1 to 3 ADLs (Activities of Daily Living), compared to 42 percent in December 2000. Thirty-four percent required help with 4 to 6 ADLs (vs. 36 percent in 2000).
- The percent of patients requiring help with ADLs increased in 2001.

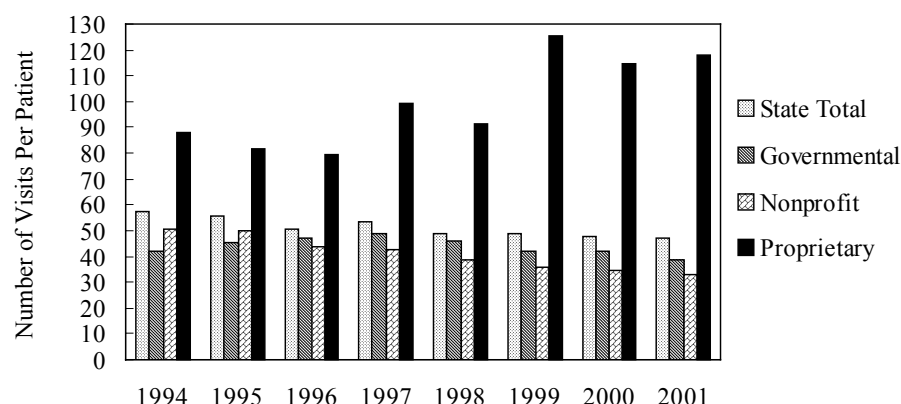
Figure 7. Average Number of Hours per Home Health Visit, Wisconsin 1994-2001



Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- The average length of a home health visit in 2001 was 1.5 hours, a decline of over 8 percent from the 1.7 hours reported for the years 1996 through 2000. This change probably occurred in response to the start of Medicare's prospective payment system (see Introduction, Page 1).
- Home health visits by governmental agencies lasted an average of 1.3 hours (ranging from 0.3 hour to 1.4 hours per visit); visits by nonprofit agencies averaged 1.4 hours (ranging from 0.2 hour to 1.5 hours per visit); and visits by proprietary agencies averaged 1.8 hours (ranging from 0.1 hour to 3.6 hours per visit).

Figure 8. Average Number of Visits per Home Health Patient, Wisconsin 1994-2001



Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- Average visits per patient statewide decreased to 47 visits in 2001, compared to 48 visits in 2000, and 49 visits in 1999.
- On average, proprietary agencies made 118 visits to each patient in 2001 (compared to 115 visits per patient in 2000). Average visits per patient were down 5 percent for nonprofit agencies (to 33 visits) and 7 percent for governmental agencies (to 39 visits).

Home Health Agency Financial Information

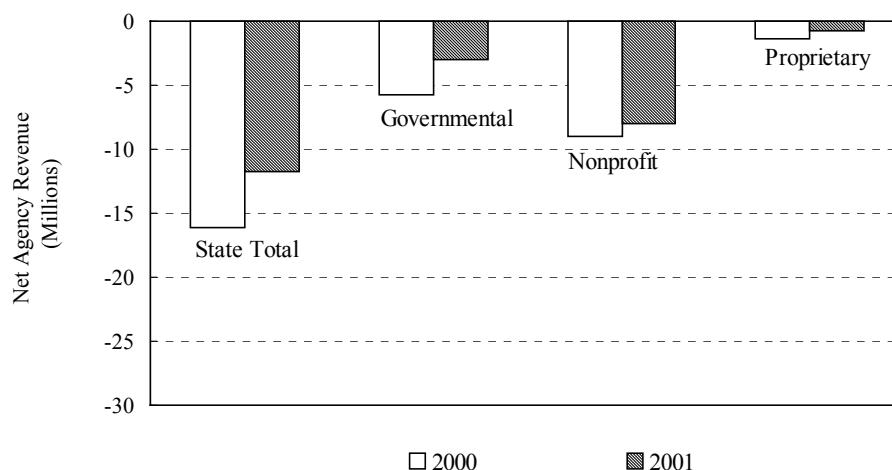
Table 17. Home Health Agency Revenue by Ownership Type, Wisconsin 2001

	State Total Amount Percent		Ownership of Agency					
			Governmental Amount Percent		Nonprofit Amount Percent		Proprietary Amount Percent	
Gross Patient Revenue								
Medicare	\$94,805,270	40%	\$7,020,846	46%	\$78,371,753	56%	\$9,412,671	12%
Medicaid	95,507,799	41	4,732,807	31	35,805,038	25	54,969,954	70
Other Federal Government	498,217	<1	152,780	1	176,567	<1	168,870	<1
State Government (COP, Family Care, etc.)	6,810,588	3	977,643	6	2,352,414	2	3,480,531	5
All Other Government	1,778,994	1	334,251	2	1,237,683	1	207,060	<1
Third Party	25,074,998	11	1,548,815	10	16,430,416	12	7,095,767	9
Self Pay	8,839,324	4	630,033	4	5,475,410	4	2,733,881	4
Other Sources of Revenue	1,090,858	1	16,119	<1	1,031,073	1	43,666	<1
Reported Gross Patient Revenue	\$234,406,048	100	\$15,413,294	100	\$140,880,354	100	\$78,112,400	100
Deductions from Revenue								
Medicare	\$6,405,328	3	\$254,598	2	\$7,559,076	5	(\$1,408,346)	--
Medicaid	23,599,066	10	1,144,581	7	9,175,400	7	13,279,085	17
Other Government	766,164	<1	307,159	2	266,885	<1	192,120	<1
Third Party	5,430,009	2	316,595	2	3,176,585	2	1,936,829	3
Bad Debts	1,375,148	1	132,375	1	515,405	<1	727,368	1
Charity	568,332	<1	284,422	2	262,768	<1	21,142	0
Other Deductions	298,573	<1	105,597	1	126,350	<1	66,626	<1
Reported Total Deductions	38,442,620	16	2,545,327	17	21,082,469	15	14,814,824	19
NET PATIENT REVENUE	\$195,963,428	84	\$12,867,967	83	\$119,797,885	85	\$63,297,576	81
Donations								
United Way	\$673,059	<1	\$0	0	\$673,059	1	\$0	0
Other Donations	758,361	<1	24,554	<1	730,201	1	3,606	<1
Total Donations	1,431,420	1	24,554	<1	1,403,260	1	3,606	<1
Other Home Health	2,014,205	1	352,446	2	1,379,792	1	281,967	<1
TOTAL AGENCY REVENUE	\$199,409,053	85%	\$13,244,967	86%	\$122,580,937	87%	\$63,583,149	81%

Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Revenue and deductions are self-reported by agencies and based on their most recently completed fiscal year. Gross patient revenue is the total amount that an agency has billed for services to patients. Deductions from revenue are disallowances from Medicare, Medicaid, or private insurance; bad debts; and charges to patients that have not been paid. Total deductions from revenue are subtracted from gross patient revenue to yield net patient revenue. Net patient revenue is the total revenue that agencies are paid by patients or their insurers. Donations and other revenues are added to net patient revenue to obtain total agency revenue.

- Reported gross patient revenue of home health agencies statewide decreased 3 percent, from \$240.9 million in 2000 to \$234.4 million in 2001.
- Gross revenue from Medicare declined for the fourth year in a row, constituting 40 percent of gross patient revenue in 2001 (compared with 55 percent in 1997), while gross revenue from Medicaid increased for the fourth consecutive year, constituting 41 percent (compared with 28 percent in 1997).
- Proprietary agencies reported \$78.1 million in gross patient revenue in 2001, an increase of 1 percent from \$77.7 million in 2000. Governmental agencies reported \$15.4 million in gross revenue in 2001, up 2 percent from \$15.2 million in 2000. Nonprofit agencies reported \$140.9 million in gross patient revenue in 2001, down 5 percent from \$148.1 million in 2000.
- Total agency revenue statewide was \$199.4 million in 2001, up 3 percent from \$194.1 million in 2000.

Figure 9. Net Agency Revenue by Ownership Type, Wisconsin, 2000 and 2001


Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- Statewide, total expenses reported by home health agencies exceeded total self-reported revenue by \$11.8 million in 2001, 27 percent lower than the reported difference in 2000 (\$16.1 million).
- For proprietary agencies, total self-reported expenses surpassed revenue by \$0.7 million in 2001. For nonprofit agencies, total self-reported expenses surpassed revenue by \$8.0 million. For governmental agencies, total self-reported expenses surpassed revenue by \$3.1 million.

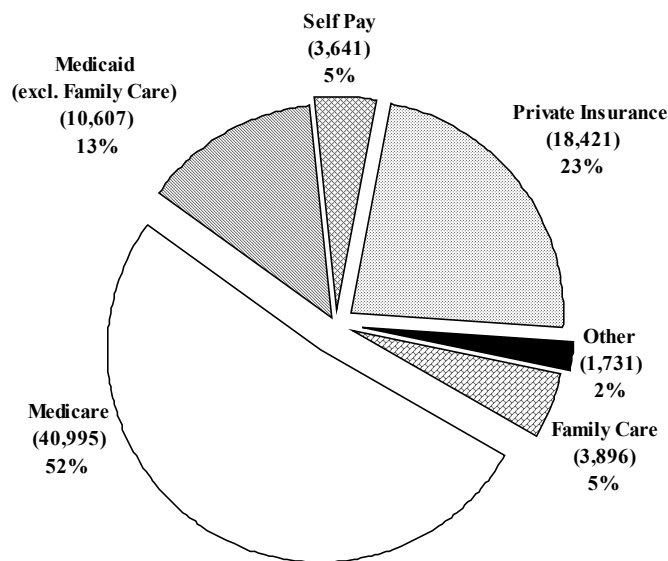
Table 18. Self-Reported Agency Revenue and Expenses by Ownership Type, Wisconsin 2001

	State Total	Governmental	Nonprofit	Proprietary
Total Agency Revenue	\$199,409,053	\$13,244,967	\$122,580,937	\$63,583,149
Total Expenses	\$211,182,208	\$16,297,574	\$130,568,053	\$64,316,581
Net Agency Revenue	(\$11,773,155)	(\$3,052,607)	(\$7,987,116)	(\$733,432)

Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Note: Total agency revenue equals gross patient revenue, less deductions, plus any donations.

Figure 10. Home Health Patients by Payment Source, Wisconsin 2001

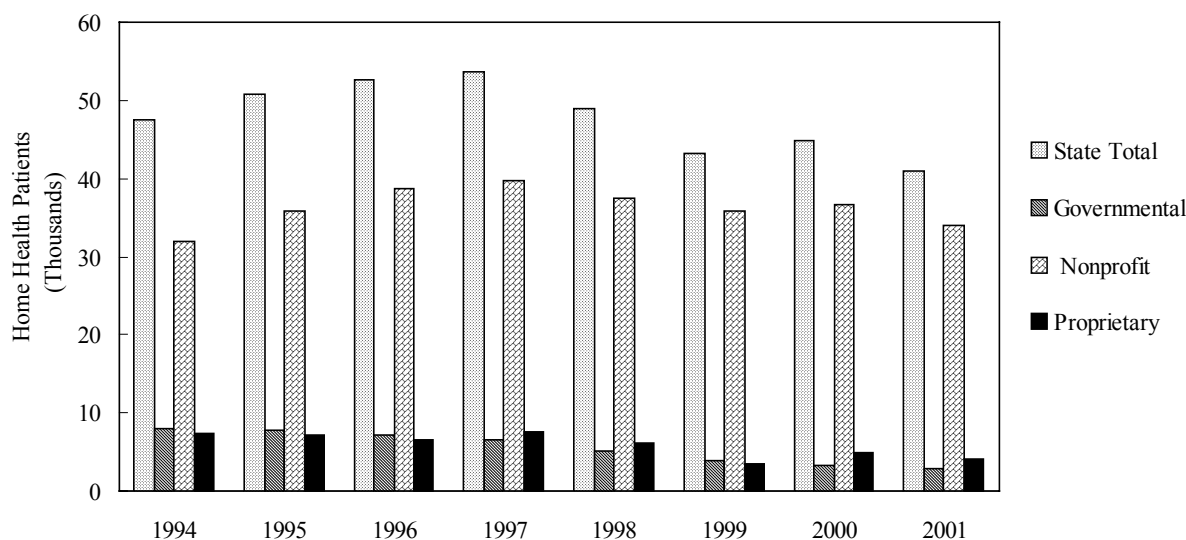


Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: Patients may be counted in more than one payment source.
 Percents may not add to 100 percent due to rounding.
 See Technical Notes, Page 32, for a definition of the Family Care program.

- In 2001, 52 percent of home health patients used Medicare as a payment source (56 percent in 2000); 13 percent used Medicaid (14 percent in 2000); 5 percent used Family Care (a Medicaid-funded benefit asked about for the first time in 2001); and 23 percent used private insurance (22 percent in 2000, and 21 percent in 1999).
- Close to 41,000 home health patients used Medicare as a source of payment in 2001, a decline of 8 percent from 2000 (44,778).
- About 10,600 home health patients used Medicaid in 2001, an 8 percent decline from 2000 (11,576), and a 20 percent decline from 1999 (13,300). The 2001 Medicaid number does not include patients using the Medicaid-funded Family Care benefit, available to eligible patients in five counties. This benefit is part of the Family Care Program, which is being piloted in nine counties to coordinate long-term care services (see Technical Notes, page 32).
- Family Care was a source of payment for 5 percent (3,896) of home health patients. See Technical Notes (page 32) for a definition of this program.
- About 18,420 home health patients used private insurance as a payment source in 2001, the highest number with this payment source since 1990 and an increase of 3 percent from 2000 (17,861).
- The number of self-pay home health patients was down 14 percent, from 4,220 in 2000 to 3,641 in 2001.

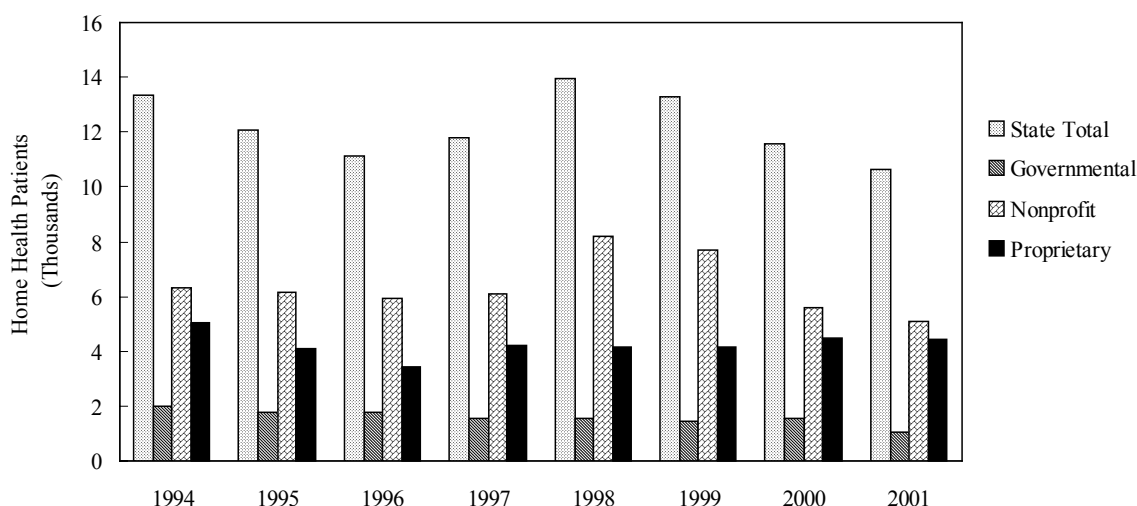
Figure 11. Home Health Patients Using Medicare as a Source of Payment by Ownership Type, Wisconsin 1994-2001



Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- The total number of home health patients using Medicare as a source of payment in Wisconsin decreased 8 percent in 2001 (to 40,995). Proprietary agencies had the highest rate of decline (15 percent). The number of Medicare patients served by governmental and nonprofit agencies decreased 13 percent and 7 percent, respectively.

Figure 12. Home Health Patients Using Medicaid as Source of Payment by Ownership Type, Wisconsin 1994-2001



Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

- The total number of home health patients using Medicaid as a payment source declined 8 percent in 2001 (to 10,607), following a 13 percent decrease in 2000 and a 5 percent decline in 1999. The decline in 2001 reflects a 30 percent decrease in the number of Medicaid patients served by governmental agencies. The number of Medicaid patients served by nonprofit and proprietary agencies dropped 8 percent and 1 percent, respectively.

Table 19. Medicare Payments to Home Health Agencies by Ownership Type, Wisconsin 2001

Payment Source	State Total	Ownership of Agency		
		Governmental	Nonprofit	Proprietary
Medicare	\$88,399,942	\$6,766,248	\$70,812,677	\$10,821,017

Source: Annual Survey of Home Health Agencies, Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services.

Notes: The dollar amounts shown in this table were unaudited at the time they were reported on the Annual Survey of Home Health Agencies. Agencies that closed during the year did not report (see Introduction).

- In 2001, Medicare payments as reported by home health agencies statewide totaled about \$88.4 million, an increase of 3.5 percent from \$85.4 million in 2000. The number of home health patients using Medicare as a source of payment decreased 8 percent in 2001.

Table 20. Medicaid Payments to Home Health Agencies and Other Home Care Providers as Reported by the Wisconsin Division of Health Care Financing, Wisconsin FY 2001

State Fiscal Year	Home Health Agencies	Other Home Care Providers	Home Care Industry Total
2001	\$68,361,668	\$91,100,340	159,462,008

Source: Wisconsin Medicaid, Division of Health Care Financing, Department of Health and Family Services.

Note: Dollar amounts shown in this table include all Medicaid payments to Wisconsin home health agencies for 2001. The amounts reported in the "Home Health Agencies" category include payments to agencies providing home health services only, as well as to agencies providing home health and personal care services. The "Other Home Care Providers" category includes amounts paid to agencies that provided personal care *only*, and to independent nurses providing private duty nursing services and/or respiratory care services.

- In State Fiscal Year 2001, total Medicaid payments to the state's home care industry, as reported by the Wisconsin Division of Health Care Financing, were approximately \$22.6 million more than in 2000. This represents an increase of nearly 17 percent. DHCF-reported payments to home health agencies only (excluding other home care providers) increased by \$0.97 million, or 1.4 percent.

Technical Notes

OASIS Data (Tables 8, 9, 10, 11, 12, and 13)

The detailed patient-based data in these tables were derived from the federally mandated Home Health Care Outcome and Assessment Information Set (OASIS). Home health agencies collect OASIS data as part of a comprehensive assessment of each patient used to develop the patient's plan of care, assess that care over the course of treatment, and improve the quality of care provided. OASIS includes information on medical conditions and patient history; medical, physical, mental and cognitive status; drug therapy; and other measures of mental and physical well-being. It also includes information on living arrangements and supportive assistance, and needs for assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs).

Although the OASIS database also includes data from some patients who used payment sources other than Medicare and/or Medicaid, these records are excluded from this report because OASIS reporting is mandated only for home health patients at the skilled level of care who use Medicare and/or Medicaid. Data for other patients are submitted voluntarily by home health agencies and thus are not fully representative. The OASIS data presented in this report, while an important source of patient-based information, are not representative of all patients receiving home health services in Wisconsin.

To reflect the profile of all home health patients who used Medicare and/or Medicaid and received skilled care, Tables 11, 12, and 13 included data from all types of assessments: start of care; resumption of care after an inpatient stay; follow-up assessments, such as after recertification; transfer to an inpatient facility; and discharge from agency. These three tables are based on data from 39,628 patient records (57 percent of all Wisconsin home health patients).

Tables 8, 9, and 10 provide information about the health status of patients, so only records from the latest "start of care" assessment were used. That is, if a patient had more than one "start of care" assessment in 2001, the latest was used. These three tables are based on data from 32,066 patient records (46 percent of all Wisconsin home health patients).

Definitions for Activities of Daily Living (ADLs):

Ambulation/locomotion: Ability to SAFELY walk, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.

Transferring: Ability to move from bed to chair, on and off toilet or commode, into and out of tub or shower, and ability to turn and position self in bed if patient is bedfast.

Toilet Use: Ability to get to and from the toilet or bedside commode.

Bathing: Ability to wash entire body. Excludes grooming (washing face and hands only).

Eating: Ability to feed self meals and snacks. Note: this refers only to the process of eating, chewing, and swallowing, not preparing the food to be eaten.

Definitions for Instrumental Activities of Daily Living (IADLs):

Shopping: Ability to plan for, select, and purchase items in a store and to carry them home or arrange delivery.

Housekeeping: Ability to safely and effectively perform light housekeeping and heavier cleaning tasks.

Laundry: Ability to do own laundry – to carry laundry to and from washing machine, to use washer and dryer, to wash small items by hand.

Transportation: Physical and mental ability to safely use a car, taxi, or public transportation (bus, train, and subway).

Family Care (Figure 10)

Family Care is a program being piloted in nine Wisconsin counties: Fond du Lac, La Crosse, Milwaukee (serving the elderly population only), Portage, Richland, Kenosha, Marathon, Trempealeau, and Jackson. Family Care serves people with physical disabilities, people with developmental disabilities, and frail elders, with the goals of:

- Giving people better choices about where they live and what kinds of services and support they get to meet their needs.
- Improving access to services.
- Improving quality through a focus on health and social outcomes.
- Creating a cost-effective long-term care system for the future.

Family Care has two major organizational components:

1. Aging and disability resource centers, designed to be a “one-stop shop” where older people and people with disabilities and their families can get information and advice about a wide range of resources available to them in their local communities.
2. Care management organizations (CMOs), which manage and deliver the new Medicaid-funded Family Care benefit. The Family Care benefit combines funding and services from a variety of existing programs into one flexible long-term care benefit tailored to each individual’s needs, circumstances, and preferences. CMOs offer the Family Care benefit package in five counties: Fond du Lac (opened in February 2000), La Crosse and Portage counties (April 2000), Milwaukee (July 2000, serving the elderly population only), and Richland (January 2001).

For details of the services provided by Family Care, please visit:

<http://www.dhfs.state.wi.us/LTCare/Generalinfo/WhatisFC.htm>

ATTACHMENT I 2001 ANNUAL SURVEY OF HOME HEALTH AGENCIES

The Statistical Summary is to be provided by agencies submitting an annual report. If you have questions about completing Attachment I, call Jane Conner (608-267-9055), Kitty Klement (608-267-9490), Lu Ann Hahn (608-266-2431), or Kim Voss (608-267-1420).

Time Periods:

The Statistical Summary requests information from varying time periods. Some questions refer to the entire calendar year, (January 1 - December 31, 2001); others refer to a specific day (January 1, December 6, 2001, or December 31, 2001). Financial information is requested for the agency's last closed fiscal year. Be careful to answer questions for the correct time period.

Patient Counts:

Patients are counted two ways:

1. Only once to determine the number of individual people the agency served by county, primary diagnosis, and race.
2. Multiple times, when appropriate to identify the number of patients who received various types of services, whose payments came from various pay sources, and who were admitted and / or discharged from various places and programs.

In some instances, patient counts in one question must equal patient counts in other questions. When this is the case, a footnote is used as a reminder.

Diagnoses Reporting:

All diagnostic categories in Section VII, A. are based on the ICD-9-CM classification system, Volumes 1,2,3 -- 2002.

Follow-up for corrections / clarifications:

All responses will be edited for completeness, accuracy and clarity. If any problems are found, the contact person named below will be telephoned for corrections/clarifications.

Selected definitions are incorporated into the survey form. Read them carefully before filling out the survey.

REPORT WISCONSIN DATA ONLY.

Person responsible for completing Attachment I
(*This is who will be contacted if further information is required.*)

Contact person's area code / telephone number

Area Code / Fax Number

E-mail Address

Home health agency's area code / telephone number
(*This number will be published in the Home Health Directory.*)

Does the agency have Internet access? ☐ 1. Yes ☐ 2. No

If you are the contact person for *another* home health agency, list the name, city and license number of that agency below.

Name

City

License No.

I certify that I have reviewed the information reported in this document for accuracy and the information is true and correct.

Name of Administrator (*type or print*)

SIGNATURE - Administrator

Date signed

STATISTICAL SUMMARY

I. GENERAL INFORMATION

A. If the agency began operation after January 1, 2001, provide the date operations began / /
Month Day Year

B. 1. Is the agency a department of a hospital? ☐ 1. Yes ☐ 2. No

2. If not, is the agency formally affiliated with a hospital? ☐ 1. Yes ☐ 2. No

If "yes" was answered to (1) or (2), specify name of hospital and city:

C. Is the agency certified for Medicare (Title 18)? ☐ 1. Yes ☐ 2. No

D. Is the agency certified by Medicare and / or Medicaid to
provide Hospice Care? (*Do not include hospice data on this survey.*) ☐ 1. Yes ☐ 2. No

E. Is the agency certified by Medicaid (Title 19)? ☐ 1. Yes ☐ 2. No

F. Is the agency certified by Medicaid for Personal Care Services? ☐ 1. Yes ☐ 2. No

G. Is the agency certified to provide HealthCheck or EPSDT services? ☐ 1. Yes ☐ 2. No

H. Has the controlling organization placed responsibility for the administration of the
home health agency with another organization through a contract? ☐ 1. Yes ☐ 2. No

Answer the questions below only if "H" was answered "Yes".

1. Specify the name of the contracted organization:

2. Specify the classification of the contracted organization:

Government _____ Nonprofit _____ Proprietary _____

II. SERVICES PROVIDED

A. Statistics [HFS 133]

Type of Service: Report the information below for the calendar year 2001.

Home Health services are performed by home health staff, either a registered nurse, a home health aide under the supervision of a registered nurse, a licensed practical nurse, or a licensed therapist.

Personal Care services are performed by personal care workers, under the supervision of a registered nurse.

Number of Patients: Report the number of patients, by type of service. Patients are to be counted in each type of service category to reflect all services received. Patients may be counted in more than one category, but can only be counted once within any single category. For example, if a patient received skilled nursing service at two different points in time during the year, he/she should be counted as one patient in the skilled nursing category. If a patient received skilled nursing care and also received home health aide service, count the patient twice; once for skilled nursing care and once for home health aide service.

Number of Visits: A visit is defined as one of the following: a) A home health visit is an encounter with a home care recipient where medically necessary care is provided by a physician, nurse, therapist, medical social worker or home health aide, for the purpose of rendering medically oriented home care services; b) A personal care visit is an activity required in the plan of care which is related to assisting an individual with medically necessary activities of daily living necessary to maintain the individual in his or her place of residence in the community; or c) A supervisory visit is an on-site authoritative procedural guidance to the home health aide, provided by the registered nurse or therapist.

Count as one visit each time a visit is made to the patient, regardless of the length of time spent with the patient. The number of visits may be greater than the number of patients due to multiple visits to a patient.

Total Hours: Include only actual care time; **exclude travel and charting time. Round to the nearest whole hour. No decimals.**

Charge Per Visit: Report the agency's end of the year "usual and customary" **Per Visit** rate. This is the rate that the agency charged patients for each service. Report per-hour rates for private duty nursing, personal care and homemaker services.

Medicare Cost Per Visit: If the agency accepts Medicare payments, report the Medicare cost per visit. This information is found on the Medicare Cost Report, Worksheet C (hospital based agencies refer to Worksheet H-5). If the rate has changed during 2001, report the 12/31/01 rate. If Medicare payments are not accepted leave the column blank.

Type of Service	Number of Patients	Number of Visits	Total Hours	Charge per Visit	Medicare Cost per Visit
Home Health Services include skilled nursing, physical therapy, occupational therapy, speech and language therapy, home health aide services, medical social services, or respiratory therapy provided by a qualified individual in accordance with a patient's plan of care. Also includes private duty nursing for reporting purposes.					
1. Skilled Nursing (include medication management, on-going assessment, supervisory visit, etc.)				\$	\$
2. Physical Therapy				\$	\$
3. Occupational Therapy				\$	\$
4. Speech Therapy				\$	\$
5. Medical Social Service				\$	\$
6. Home Health Aide				\$	\$
7. Medicaid Respiratory Therapy				\$	
8. Private Duty Nursing				\$ ¹	
9. Other Therapeutic <u>Home Health Care</u> <i>Specify:</i>					
Personal Care Services include activities to assist an individual with activities of daily living necessary to maintain the individual in his / her place of residence in the community. It may include assistance with bathing, transferring, personal hygiene, changing bedding and clothing, toileting, meal preparation, light housekeeping and other services specified in HFS 107.112.					
10. Personal Care				\$ ¹	
11. Personal Care RN Supervisory Activities				\$	
12. Homemaker Service				\$ ¹	
13. Other <u>Non-therapeutic Care</u> <i>Specify:</i>					
TOTALS (1 - 13)					

¹ Please report the hourly rate for private duty nursing, personal care and homemaker services.

NOTE: The number of patients in any single service category above, (1-13), cannot be greater than the total number of individual patients listed on page 8, question G, line 3.

II. SERVICES PROVIDED (continued)

B. Shared Home Health Services:

1. Does the agency share cases with other home health agencies,
personal care agencies or independent providers? ☐ 1. Yes ☐ 2. No
2. If yes, how many patients were considered shared cases in 2001?
with other home health agencies _____
with personal care agencies _____
with independent providers _____

C. Other Types of Services:

1. Does the agency provide services at Community Based Residential Facilities? ☐ 1. Yes ☐ 2. No
(Defined in Wis. Stats., Chap. 50.01(1g) as 5 or more unrelated adults reside and receive
care, treatment or services above the level of room and board but not including nursing care.)
If yes, as of December 31, 2001, how many patients were receiving services? _____
2. Does the agency provide services at adult family homes? ☐ 1. Yes ☐ 2. No
(Defined in Wis. Stats., Chap. 50.01(1) as a private residence where 3-4 unrelated adults
reside and receive care, above the level of room and board but not including nursing care.
Is certified under 50.032 and licensed under 50.033.)
If yes, as of December 31, 2001, how many patients were receiving services? _____
3. Does the agency provide services at residential care (assisted living), apartment complexes? . ☐ 1. Yes ☐ 2. No
4. Does the agency provide services at adult day care centers? ☐ 1. Yes ☐ 2. No
5. Does the agency provide other types of services? ☐ 1. Yes ☐ 2. No
If yes, please describe: _____

III. FINANCIAL DATA

A. Indicate the **FISCAL PERIOD** used (i.e., the last closed fiscal year).

Beginning Date _____ / _____ / _____
month day year

Ending Date _____ / _____ / _____
month day year

Please round all figures to the nearest dollar.

*******NO DECIMALS*******

B. REVENUE

1. Sources of gross revenue:

- a. Medicare \$ _____
- b. Medicaid \$ _____
 - 1. Home Health Medicaid \$ _____
 - 2. Personal Care Medicaid \$ _____
- c. Other federal government (e.g., TRICARE (Champus), VA) \$ _____
- d. State government sources \$ _____
 - 1. COP Program \$ _____
 - 2. Other state government (e.g., CIP, OAA) \$ _____
 - 3. Family Care Program \$ _____
- e. All other government sources \$ _____
- f. Third party payer (Private insurance, HMOs, Other Managed Care) \$ _____
- g. Self pay \$ _____
- h. Other non-governmental sources \$ _____
- i. **Total sources of gross patient revenue** (add 1.a through 1.h) \$ _____

2. Deductions from revenue:

- a. Medicare¹ \$ _____
- b. Medicaid¹ \$ _____
- c. Other government \$ _____
- d. Third party payer (Private insurance, HMOs, Other Managed Care)..... \$ _____
- e. Bad debts (include denials by third party payers) \$ _____
- f. Charity \$ _____
- g. Other deductions \$ _____
- h. **Total deductions** (sum of lines 2.a through 2.g) \$ _____

3. **Net Patient Revenue** (1.i minus 2.h) \$ _____

4. Donations

- a. United Way funds \$ _____
- b. Other donations \$ _____
- c. **Total donations** (a + b) \$ _____

5. Other Revenue \$ _____

6. **Total Agency Revenue** (sum of lines 3 + 4.c + 5) \$ _____

¹ If Medicare or Medicaid reimbursement is below your charge, record the difference as a deduction to that category.

C. EXPENSES

1. **Payroll expenses** (include only wages and salaries) \$ _____

2. Non-payroll expenses:

- a. Employee Benefits (social security, group insurance, retirement, etc.) \$ _____
- b. Professional fees (contracted staff) \$ _____
- c. Travel expenses for patient services (e.g., car rental, mileage, etc.) ... \$ _____
- d. All other non-payroll expenses \$ _____
- e. **Total non-payroll expenses** (sum of lines 2.a through 2.d) \$ _____

3. **Total expenses** (1 + 2.e) \$ _____

IV. NUMBER OF PATIENTS BY PAY SOURCES

For the calendar year 2001, report the number of patients served by pay sources. Report patients in a pay source category only if the agency received monies for the patient from that particular pay source. If the agency received monies for a patient from more than one pay source during the year, include the patient in the count for all appropriate pay source categories.

Pay Source	Number of Patients
1. a. Medicare (excluding Title 18 Managed Care / HMOs)	_____
b. Medicare (Managed Care / HMOs)	_____
c. Total Medicare (a + b)	_____
2. a. Medicaid (excluding Title 19 Managed Care / HMOs)	_____
b. Medicaid (Managed Care / HMOs)	_____
c. Total Medicaid (a + b)	_____
3. Family Care Program	_____
4. Social Services Block Grant	_____
5. Other Block Grants	_____
6. Supplementary Security Income (SSI)	_____
7. Older Americans Act	_____
8. Other Federal (including VA)	_____
9. Community Options Program	_____
10. Other Community Aids	_____
11. a. Private Insurance (except Managed Care / HMOs)	_____
b. Private (Managed Care / HMOs)	_____
c. Total Private Insurance (a + b)	_____
12. Self Pay	_____
13. Other (specify: _____)	_____
14. TOTAL	_____*

* TOTAL **MUST NOT** be less than the Total individual patient count on page 8, question G, line 3.

V. ADMISSIONS & DISCHARGES

Please record the number of patients admitted to and discharged from the agency's program during 2001 for each of the following areas. Count patients as many times as necessary for Sections B and E.

A. Number of patients on the agency's open caseload on January 1, 2001
(As reported on the 2000 survey, Page 9, F. If different, explain the change / reason.)
(Any admissions on or after January 1, 2001 should be listed below on line B, NOT on line A above.)

1. Of the number of patients who were on the agency's open caseload beginning January 1, 2001 (Line A above), how many of those patients are also listed as an admission(s) during 2001 on Line B.10?

B. Admissions during the year from:
(Report all admissions to the agency, regardless of the number of times an individual person was admitted. For example, if the same person was admitted ten times during 2001, count each and every admission.)

1. private residences (exclude patients who had been in a location listed on lines B.2 - B.9 within 2 weeks prior to admission):
- a. self care
 - b. care from family / friends
 - c. other home health agency
 - d. other
 - e. **Total** private residences (sum of lines 1.a through 1.d)
2. general hospitals
3. psychiatric hospitals
4. facilities for the developmentally disabled
5. community based residential facilities (CBRF)
6. nursing homes
7. adult family homes
8. alternate care programs (*specify:* _____)
(e.g., free standing rehabilitation, subacute care, supervised apartment living program, group home, homeless shelter, domestic abuse shelter)
9. other (*specify:* _____)
10. **TOTAL ADMISSIONS** (sum of lines B.1e through B.9)

C. Of the Total Admissions (line B.10, above) how many:

1. Were readmissions?
(Readmissions are the number of admissions above and beyond a patient's first admission during 2001. If an individual was formally admitted more than once during the calendar year, count each admission, except the first one, as a readmission. For example, if a patient was formally admitted to the agency five times during the calendar year, that would be five admissions of which four were readmissions.)
2. Used Medicare as their primary pay source **at the time of admission?**
3. Used Medicaid as their primary pay source **at the time of admission?**

V. ADMISSIONS & DISCHARGES (continued)

D. Of the TOTAL ADMISSIONS (page 7, line B.10) in 2001, how many were referred by:

1. community options program (COP)?
2. community integration program-phase I (CIP-I)?
3. community integration program-phase II (CIP-II)?
4. home health agency?
5. health maintenance organization (Managed Care/HMOs)?

E. Discharges during the year to:

1. private residences: (enter the more restrictive or higher level of service
for patients receiving service from multiple sources)
 - a. to receive care through the COP program
 - b. to receive care through public health
 - c. to receive care through another home health agency
 - d. family / friends assumed care
 - e. self care (goals met)
 - f. other
 - g. **Total** private residences (sum of lines 1.a through 1.f)
2. general hospitals
3. psychiatric hospitals
4. facilities for the developmentally disabled
5. community based residential facilities (CBRF)
6. nursing homes
7. adult family homes
8. alternate care programs (specify: _____)
9. hospice
10. deaths
11. other (specify: _____)
12. **Total Discharges** (include deaths) (sum of lines E.1g through E.11)

F. Persons on the caseload on December 31, 2001
(Page 7, line A, plus line B.10, minus Page 8, line E.12.)

G. Please report the Total Number of Individual Patients for 2001, using the following formula to calculate the total.

1. Patients on January 1, 2001 caseload (page 7, line A)
Minus page 7, line A1 (1/1/01 patients also counted as an admission during 2001)

Subtotal
2. Admissions (page 7, line B10)
Minus Readmissions (page 7, line C1)
Equals the Number of Patients Admitted

Subtotal
3. **Total** individual patient count (unduplicated) for 2001. (add subtotals from G1 and G2)
(The number reported here **MUST** equal the "TOTALS" at the bottom of Pages 9, 10 and 11.)

Is the Total individual patient count (G.3) equal to the totals reported on Pages 9, 10, & 11? ☐ 1. Yes ☐ 2. No
(THESE MUST MATCH.)

VI. MARKET AREA

A. COUNTY OF SERVICE DELIVERY

Report the total individual patients cared for during 2001 as reported on page 8, question G, line 3.

COUNTY	Number of Home Health Patients During 2001
Adams	
Ashland	
Barron	
Bayfield	
Brown	
Buffalo	
Burnett	
Calumet	
Chippewa	
Clark	
Columbia	
Crawford	
Dane	
Dodge	
Door	
Douglas	
Dunn	
Eau Claire	
Florence	
Fond du Lac	
Forest	
Grant	
Green	
Green Lake	
Iowa	
Iron	
Jackson	
Jefferson	
Juneau	
Kenosha	
Kewaunee	
La Crosse	
Lafayette	
Langlade	
Lincoln	
Manitowoc	
Marathon	
Marinette	
Marquette	
Menominee	

COUNTY	Number of Home Health Patients During 2001
Milwaukee	
Monroe	
Oconto	
Oneida	
Outagamie	
Ozaukee	
Pepin	
Pierce	
Polk	
Portage	
Price	
Racine	
Richland	
Rock	
Rusk	
St. Croix	
Sauk	
Sawyer	
Shawano	
Sheboygan	
Taylor	
Trempealeau	
Vernon	
Vilas	
Walworth	
Washburn	
Washington	
Waukesha	
Waupaca	
Waushara	
Winnebago	
Wood	
Out of State	
Illinois	
Iowa	
Michigan	
Minnesota	
Other States	
TOTAL (in and out-of-state)	*

* TOTAL **MUST** equal the Total individual patient count on page 8, question G, line 3.

VII. PATIENT CHARACTERISTICS

A. Age and Primary Diagnosis for total individual patients treated during 2001 as reported on page 8, question G, line 3.

Each patient should be recorded only once, in the category which best explains why he / she is receiving services.

(i.e., the diagnosis accounting for the greatest resource consumption during the patient's illness or the chief reason for the patient's admission.)

Shaded areas appear for readability purposes only. These areas do need to be filled in.

PRIMARY DIAGNOSIS	Age										Total
	0 to 3	4 to 14	15 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 to 84	85+	
HIV Infection, AIDS (042)											
Other Infectious & Parasitic Diseases (001-041, 045-139)											
Cancer (140-239)											
Diabetes (250)											
Dehydration (276)											
Diseases of Blood & Blood Forming Organs (280-289)											
Senile Dementia (290)											
Psychoses (291-299)											
Neurotic Disorders (300-316)											
Mental Retardation (317-319)											
Dis. of Central Nervous System & MS (320-341, except 331.0)											
Alzheimer's Disease (331.0)											
Paralysis (342, 344)											
Cerebral Palsy (343)											
Disorders of Eye and/or Ear (360-389)											
Cardiovascular (other than stroke) (390-435, 440-459)											
Stroke (436-438)											
Respiratory (460-519)											
Digestive Disorders (520-579)											
Genitourinary System (580-629)											
Pregnancy & Childbirth (630-676)											
Arthropathies, Dorsopathies, & Rheumatism (710-729)											
Osteopathies (730-739)											
Congenital Anomalies (740-759)											
Conditions Originating in the Perinatal Period (760-779)											
Ill-defined Conditions (780-799)											
Fractures, Dislocations & Sprains (800-848)											
Wounds, Burns, & Other Injuries (850-959)											
Poisoning & Toxic Effects (960-989)											
Complications of Surgery (996-999)											
Other Conditions											
TOTAL											*

* TOTAL **MUST** equal the Total individual patient count on page 8, question G, line 3. **NOTE:** Totals by age, **MUST** equal age totals on page 11.

VII. PATIENT CHARACTERISTICS (continued)

B. Age, Race, Sex, and Hispanic Origin of Patients

Report each patient treated during 2001 (as reported on page 8, question G, line 3) in the appropriate categories on the table below.

Each patient should be entered in:

- an age and race category;
 - an age and sex category;
 - and when appropriate, an age and Hispanic / Latino category.
- (Be sure to include each Hispanic person in an appropriate race category. Hispanic is not considered a race).

When possible, use the patients' self-identification of race / ethnicity. Otherwise, the agency should make a "best guess".

	Age										
	0 to 3	4 to 14	15 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 to 74	75 to 84	85+	Total
Race											
White											
Black or African American											
American Indian ¹											
Southeast Asian ²											
Asian or Pacific Islander ³											
Other Specify:											
TOTAL											(a)
Sex											
Males											(b)
Females											(c)
Total males, (line b), plus total females, (line c), MUST equal the Total number of patients, (line a).											
Total number of patients, (line a), MUST equal the Total individual patient count, page 8, question G, line 3.											
Hispanic / Latino ⁴											

NOTE: Totals by age on line (a), **MUST** equal age totals on page 10.

¹ Includes members of tribes indigenous to the Americas including Eskimo and Aleut.

² Includes Cambodian, Laotian, Vietnamese, Hmong, Montagnard, etc.

³ Includes Chinese, Japanese, Korean, Filipino, Samoan, Guamanian, Thai, Micronesian, Tongan, and Asian Indian.

⁴ Includes individuals of Hispanic / Latino descent (e.g., Mexican, Cuban, Puerto Rican, Central or South American, Spain, etc.)

Hispanic is representative of an ethnicity (i.e., there are black, white, American Indian people of Hispanic ethnicity, culture or descent.)

Do the age totals, (line a), equal the age totals reported on Page 10? ☐ 1. Yes ☐ 2. No

(THESE MUST MATCH.)

VIII. PATIENT CONDITIONS, SERVICES, AND ACTIVITIES

This section may be difficult, but it is the only part of the survey by which we can understand a typical daily caseload. For each of the following categories, indicate the number of patients that were receiving active therapies / services on **December 6, 2001**. Patients should be counted in each applicable category.

Conditions, Services and Activities	Number of Patients
Sensory Difficulties	
1. Impaired Hearing The inability to hear with hearing aids if the patient usually wears them.	
2. Impaired Vision The inability to see with corrective lenses if the patient usually wears them.	
Psychological Problems	
3. Attempted Suicide Any attempted suicidal behavior within the last 90 days.	
4. Verbally Abusive Single or repeated act of yelling, threatening, excessive profanity, etc.	
5. Physical Aggression Aggressive or combative to self and others (e.g. hits, throws objects, punches, etc.)	
6. Impaired Memory Failure to recognize familiar person/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required.	
7. Alcohol and Other Drug Abuse	
Therapies	
8. Psychiatric Therapy	
9. Occupational Therapy	
10. Physical Therapy	
11. Speech Therapy	
12. Medical Social Services	

Conditions, Services and Activities	Number of Patients
Requires Help With Activities of Daily Living (ADLs):	
13. Dressing	
14. Ambulation	
15. Eating	
16. Bathing	
17. Toileting	
18. Transferring	
19. How many patients required help with one to three of the above listed ADLs?	*
20. How many patients required help with four or more ADLs listed above?	*
Nursing Activities Related To:	
21. Tracheostomy	
22. Wound Care Including, but not limited to, ulcers, burns, pressure sores, open surgical sites, fistulas, tube sites and tumor erosion sites.	
23. Ostomy Care (e.g., tracheostomy, gastrostomy, etc.)	
24. Respiratory Care (T19 only) Include Medicaid patients who are ventilator dependent.	
25. Respiratory Care (not T19) Include Non-Medicaid patients who are ventilator dependent.	
26. Tube Feeding	
27. Orthodics (e.g., splints, braces, slings)	
28. Pharmaceutical Administration Exclude I.V.	
29. I.V. Administration	
30. Medication Setup	
31. Other Nursing Actions	

The information on this page is based on _____ patients.
(The number reported here should be the number of patients visited on December 6, 2001.)

* The sum of lines 19 + 20 **MUST NOT** be greater than the number of patients visited on December 6, 2001, as listed on the above line.

IX. STAFFING

A. Personnel: Report the number of personnel *employed* by the agency during the week of December 2 - 8, 2001. Include staff on vacation or other paid leave. Out-of-state agencies should report only staff time serving Wisconsin patients.

Full-Time Persons: Report the number of persons employed full-time (37 ½ hours or more per week).

Part-Time Persons: Report the number of persons employed part-time (less than 37 ½ hours per week).

Part-Time Hours: For each employed person working less than full-time hours, report the number of hours worked in that position. If a person serves in more than one job position, place an asterisk (*) next to the job title, record the hours worked in the part-time hours column for each position, but only record the person once in the part-time person column for the job position worked the most hours. (e.g., A person may work as a Home Health Aide for 25 hours and may also work as a Personal Care Worker for 15 hours. Record "25" in the part-time hours column for Home Health Aides, and record "15" in the part-time hours column for Personal Care Workers. Record a "1" in the part-time persons column for Home Health Aides, since the majority of the hours were worked in that capacity).

ROUND HOUR FIGURES TO THE NEAREST WHOLE HOUR. NO DECIMALS.

Contracted Staff Persons: Report the number of persons providing services through a formal contractual arrangement.

Staff On Leave: Report the number of persons employed by the home health agency but temporarily on leave of absence, (e.g., maternity/paternity leave, educational leave, family leave, etc.).

DO NOT WRITE IN SHADED AREA

(NO FTE'S)

SECRET WORK IN PROGRESS AREA

(NOTES)

EMPLOYEE CATEGORY	Full-time Persons	Part-Time Persons		Contracted Staff (No. of Persons)	Staff on Leave
		Personnel	Total Hours		
Administrative Staff					
1. Administrator					
2. Registered Nurse Supervisor					
Nursing Staff					
3. Registered Nurses					
4. Licensed Practical Nurses					
Therapeutic Staff					
5. Home Health Aides					
6. Physical Therapists					
7. Registered Occupational Therapists					
8. Speech Pathologists					
9. Respiratory Therapists					
10. Medical Social Workers					
11. Other, (e.g., dietitian, pharmacist, audiologist) Specify:					
Other Staff					
12. Personal Care Workers					
12a. Related to Patient					
12b. Not Related to Patient					
13. Homemakers					
14. Other, (e.g., office staff, etc.)					
TOTAL (sum of lines 1 - 14, excluding 12a. & 12b.)					

Number of hours in work week?
(Enter as a 3-digit number, e.g., 40.0, 37.5, 35.0, etc.)

